## ND10000001893

(Re	equestor's Name)	
(Ad	dress)	
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corpora	
SUBJECT:_THE HE	STER MEMORIAL FOUNDATION INC (Name of Corporation)
DOCUMENT NUMBER	•
The enclosed Officer/Direct	ctor Resignation for a Corporation and fee are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
THOMAS JOR	DAN
(Nan	ne of Person)
(Name o	f Firm/Company)
400 SE 8 STR	EET
(	Address)
	RDALE FL 33316
(City/Sta	ate and Zip Code)
For further information con	ncerning this matter, please call:
Thomas Jorda	at ( )
(Name of Po	erson) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$3	5.00 made payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>ı,</sub> <u>Thomas Jordan</u>	, hereby resign as TD (Title)
The Hester Mame	` '
	orial Foundation, Inc.
N0100007893 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
	า

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314