

N14000005268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

old Resignation

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hands of Hope United, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N14000005268

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mignon Patrice Burr

(Name of Person)

Hands of Hope United, Inc.

(Name of Firm/Company)

2210 Kas Lane

(Address)

Dover, FL, 33527

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea J Burr

(Name of Person)

at (863) 812-6099

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 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

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TALLAHASSEE, FL

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Mignon Patrice Burr, hereby resign as Treasurer
(Title)

of Hands of Hope United, Inc.
(Name of Corporation)

N14000005268, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Mignon P. Burr
(Signature of resigning officer/director)

FILING FEE IS \$35.00

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

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

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