

N150000000127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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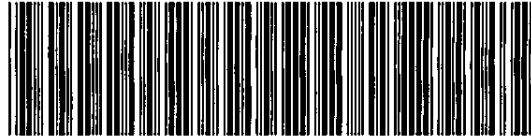
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hope Eternal Partnership Enterprise, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Edda Karina Rodriguez

(Name of Person)

Hope Eternal Partnership Enterprise, Inc.

(Name of Firm/Company)

20225 NE 34th Ct, #1714

(Address)

Aventura, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Fred Munro, Vice President at (727) 657-9611

(Name of Person)

(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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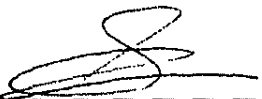
15 APR 20 PM 12:16

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Karla Desnica, hereby resign as Vice President  
(Title)

of Hope Eternal Partnership Enterprise, Inc.  
(Name of Corporation)

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

  
(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