Division of Corporations **Electronic Filing Cover Sheet** 

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(((H110002940473)))



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Division of Corporations

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From:

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Account Number: I19980000057

: (850)973-4186

Phone Fax Number

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN HOGTOWN RENTALS, INC.

Certificate of Status Certified Copy 0 Page Count 02 Estimated Charge \$35.00

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12-16-1 Brown

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

	ENTALO INO
SUBJECT: HOGTOWN R	ENTALS, INC. (Name of Corporation)
DOCUMENT NUMBER:_	P00000030701
The enclosed Officer/Directo	r Resignation for a Corporation and fee are submitted for filing.
Please return all corresponder	nce concerning this matter to the following:
FREDERICK M. NORFLE	EET, SR.
(Name	of Person)
HOGTOWN RENTALS, II	NC.
(Name of F	irm/Company)
134 NW SENTINEL WAY	
(Ad	dress)
MADISON, FLORIDA 323	340
(City/State	and Zip Code)
For further information conce	eming this matter, please call:
FREDERICK M. NORFLE	ET, SR.
(Name of Person	on) at (
Enclosed is a check for \$35.0	0 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

(((H11000294047 3)))

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, EMMETT P. SANDERS, III	, hereby resign as Presid	ent and Director		
ls		(Title)		
of HOGTOWN RENTALS, INC.		,		
(Name of Co	orporation)			
P00000030701 , a (Document Number, if known)	, a corporation organized under the laws of the State of			
FLORIDA				
		ZIII DEC		
(Signa	ature of resigning officer/director)	AC 15 A SEE SEE SEE SEE		
		PS 😼		

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