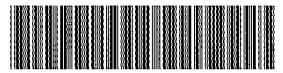
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(Re	equestor's Name)			
(Address)				
(Ac	idress)			
(Ci	ty/State/Zip/Phone	<i>></i> #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			
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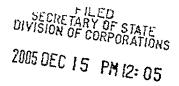
As who

COVER LETTER

SUBJECT: HESCO / RLS / NC. (Name of Corporation)
A • · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER: 900000067790
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fill
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Person)
HESCO / RLS, INC.
(Name of Firm/Company)
fo Box 530696 (Address)
(Address)
OEBARY, Ft. 32757 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
SHANE HUNT at (407) 321-2344 (Name of Person) (Area Code & Daytime Telephone Number
(Name of Person) (Area Code & Daytime Telephone Number
Enclosed is a check for \$35.00 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

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Ĺ,	SHANE A HUNT	hereby resign as	DIRECTOR
-			(Title)
of	HESCO / RLS, It'C	of Corporation)	······································
	(Document Number, if known)	, a corporation organized under	the laws of the State of
	FLORUDA	→ .	
		Signature of resigning officer/director)	<u>.</u>

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