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(R	equestor's Name)	
(A	ddress)	
. (A	ddress)	
(C	ity/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
	ocument Number)	<del></del>
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

officer Resignation

Office Use Only

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HOWLERS 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:
REBECCA LUNGT (Name of Person)
(Name of Person)
(Name of Firm/Company)
3934 NW 87 AUE. (Address)
(Address)
SUMRISE FL 33351 (Chy/State and Zin Code)
(Cfty/State and Zip Code)
For further information concerning this matter, please call:
REBECCA LUMBT at (954) 854-9967 (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
409 E. Gaines Street
Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



REBECCA LUNDT	, hereby resign as	VICE PRESIDENT
		(Title)
of Howcers INC.	<del>.</del>	<del></del>
(Name o	f Corporation)	
		<del>-</del> •
	_a corporation organized und	ler the laws of the State of
(Document Number, if known)		
FLORIDA		
	- <b>*</b>	· -
J	111	
41	C XX	
(St	gnative of resigning officer/director	or)

## 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