(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only
1-10 ph
W/W,
h / Uk
1,



0-2017/04--01038--015 \*\*70.00

04 MAY 27 PM 3: 43

Amendment Section Division of Corporations

TO:

## TRANSMITTAL LETTER

SUBJECT: HURLEY HOMES (Name of Corporation)	INC.
DOCUMENT NUMBER: POIODO 18	•
The enclosed Officer/Director Resignation for a Corporation and for	ee are submitted for filing
Please return all correspondence concerning this matter to the follow	wing:
Name of Person)	
(Name of Person)  HURLEY HOMES IN C.  (Name of Firm/Company)	
(Name of Firm/Company)  246/ / Jwy 44/  (Address)	
(Address)  (AUTICAND LAME F1.  (City/State and Zip Code)	
For further information concerning this matter, please call:	(-29-8
(Name of Person) at (352) 36  (Area Code & Day	time 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

FROM : SOLUTIONS BUSINESS SVCS INC

FAX NO. :3523851504

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	PE664	Hurry	, hereby resign	as	VP	. '	
of	/	HURLEY	r Hon	1 = 5	(Title)		
Po	DI DOZ (Document Num	(Name of Corp	oration) orporation organized	under the law	s of the State	of	
. :	Fron	, , , , , , , , , , , , , , , , , , ,					
			. C		TALLAHAS	04 MAY 27	1 .
,	<u>-</u>	Pegg y	e of resigning officered	irector)	SSEE, FLO	7 PH 3:	
	· .				. 沼台	ည်	

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