## P01000039665

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: HAL LEES ENTERPRISE (Name of Corporation)
DOCUMENT NUMBER: \$\int \( \begin{aligned} \textit{DOOD} \textit{39 \textit{blo}} \\ \textit{5} \\ \textit{5} \\ \textit{6000} \textit{5} \\ \textit{6000} \textit{60000} \textit{6000} \textit{60000} \textit{6000} \textit{6000} \textit{6000} \textit{6000} \textit{6000}
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
HAL LEES ENJERPRISE  (Name of Person)  HAL LEES ENJERPRISE  (Name of Firm/Company)  A904 WANIER STREET  (Address)  STURRE LEGGE 34997  (City/State and Zip Code)
For further information concerning this matter, please call:
AAL LEG at (773) 463-039/ (Name of Person) at (773) 463-039/ (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

TO:

Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, gant Les hereby resign as Vice Oriedent Sucretary
of HALL ENTER PRISE HAL LEES ENTINIERPRISE
of HALL Enter prise HAL Lees Entaterprise  (Name of Corporation)
Poloso 39665, a corporation organized under the laws of the State of (Document Number, if known)
llorida)
(Signature of resigning officer/director)
FILE PLANTS TO AUGUST AND AUGUST AND AUGUST
FILING FEE IS \$35.00 FILING F

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314