

PO/000051623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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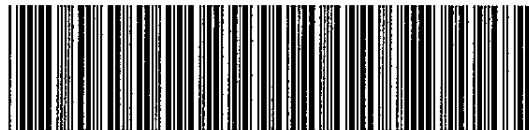
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARLEC CONSUMER PRODUCTS, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000051623

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RONALD HAMILTON  
(Name of Person)

ARLEC CONSUMER PRODUCTS, INC  
(Name of Firm/Company)

207 - 150TH AVE  
(Address)

MAHEIRA BEACH, FL 33708  
(City/State and Zip Code)

For further information concerning this matter, please call:

RONALD HAMILTON at ( 727 ) 804-6849  
(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**

FILED  
04 DEC -8 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, RONALD J HAMILTON, hereby resign as Director - Secretary  
(Title)

of ARLEE CONSUMER PRODUCTS, INC.  
(Name of Corporation)

PO1000051673, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

Ronald J Hamilton  
(Signature of resigning officer/director)

**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