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(Re	equestor's Name)		
(Address)			
(Ac	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

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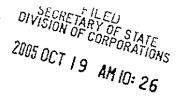
TRANSMITTAL LETTER

Division of Corporations
SUBJECT: HI Mana Jus Jus. (Name of Corporation) DOCUMENT NUMBER: 70100077107
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
Ay Mura Iku Iku. (Name of Firm/Company)
11481 SW 40 STRICT (Address)
Milinii FL 33/4J (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (301) 228-7778 (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



1. (Jeana Muale	, hereby resign as_	President
		(Title)
of ly Marra Ires	In.	
(Name of Corpo	ration)	
(Document Number, if known), a cor	poration organized un	der the laws of the State of
Florida.		
		•
	The state of the s	
(Signature	of recioning officer/direct	ton

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