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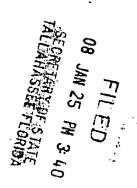
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COVER LETTER

SUBJECT: Hospitality Safeguards,	Inc.
	(Name of Corporation)
DOCUMENT NUMBER:	_
The enclosed Resignation of Registered	Agent for a Corporation and fee are submitted for filing
Please return all correspondence concer	rning this matter to the following:
Earl J. Bleser	
(Name of Person)	
Hospitality Safeguards, Inc.	
(Name of Firm/Compa	ny)
4010 Hammersmith Drive	
(Address)	
Clermont, Florida 34711	
(City/State and Zip Co	de)
For further information concerning this	matter, please call:
David Bleser	at (407) 590-4532 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	607.0502(2), 617.0502(2), 607.1509, or 617	'.1509,	
Florida Statutes, the undersigned,	David M. Bleser		
	(Name of Registered Agent)		
hereby resigns as Registered Agent fo	or Hospitality Safeguards, Inc.		
	(Name of Corporation)		
(Document Number, if known)			
A copy of this resignation was mailed	to the above listed corporation at its last known	own address.	
The agency is terminated and the office	ce discontinued on the 31st day after the date	on which	
this statement is filed.	SMR	•	
	Signature of Resigning Agent)		
If signing on behalf of an entity:		·	
		1141 138 80	
	(Typed or Printed Name)	JAN 25 JAN 25 ANDANYA	
	(Capacity)	PN 3: 40 PN 3: 40 EFTERMAN	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314