(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				
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11/16/04--01010--006 **35.00

TRANSMITTAL LETTER

SUBJECT: HOW ANONO TOO (Name of Corporation) DOCUMENT NUMBER: POZOGO 20909	
DOCUMENT NUMBER: 102000 20909	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for	or filing
Please return all correspondence concerning this matter to the following:	
Name of Person) Hull Anconditions, Inc. (Name of Firm/Company)	Ŧ.
PO BOX 420974 (Address)	
KISSIMMER PLONING 34742 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Sames Host at (407-)709-8036 (Name of Person) (Area Code & Daytime Telephone Nu	ımber)

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

I, TOD ORAZI	hereby resign as	Diffec To R (Title)	<u>. </u>	_
of He H Arctind, how (Name of Corporate Document Number, if known)		er the laws of the State o		
_Florida	•	FLORIDA	PM 12: 26	

(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