

P02000032947

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HARROLD FAMILY TRUST, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000032947

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

Please return all correspondence concerning this matter to the following:

MATTHEW D. PARDY, ESQUIRE

(Name of Person)

KIM, SMITH & PARDY, P.A.

(Name of Firm/Company)

230 EAST MARKS STREET

(Address)

ORLANDO, FLORIDA 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHEW D. PARDY, ESQ. at ( 407 ) 481-0066  
(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**

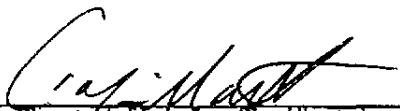
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04 JUN 11 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, CAPRICE MARTIN, hereby resign as PRESIDENT  
(Title)

of HARROLD FAMILY TRUST, INC.  
(Name of Corporation)

P02000032947, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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