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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
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COVER LETTER

SUBJECT: 1+141 B) (Name of Corporation)

DOCUMENT NUMBER: 703000+1180

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)

(Name of Firm/Company)

(Name of Firm/Company)

(Address)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Amendment Section Division of Corporations

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION SECRETARY OF STATE I, AND WATER hereby resign as Officer (Title) OF HAMB SUISHINE INC. (Name of Corporation) (Name of Corporation) A corporation organized under the laws of the State of (Document Number, if known)

FILING FEE IS \$35.00

gnature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314