

PO3000081040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

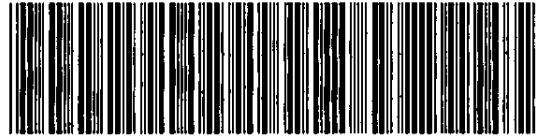
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2009 OCT 29 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

off. Resign.

TB

OCT 29 2009

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Resignation of Registered Officers  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000081040  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Tina M Hileman  
\_\_\_\_\_  
(Name of Person)

Tina m Hileman Inc.  
\_\_\_\_\_  
(Name of Firm/Company)

1356 Heritage Acres Blvd  
\_\_\_\_\_  
(Address)

Rockledge, FL 32955  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tina M Hileman at ( 321 ) 505-2069  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

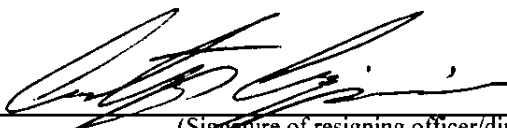
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Anthony J Cipriano, hereby resign as Secretary  
(Title)

of Tina m.Hileman, Inc.  
(Name of Corporation)

P03000081040, 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