## P03000133935

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	w
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
 (Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



200139223542

12/29/08--01027--002 \*\*35.00

Of Di lesen

08 DFC 29 AMII: 58

## **COVER LETTER** •

TO: Amendment Section Division of Corporations	
SUBJECT: Figure H, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: P03000133935	<del></del>
The enclosed Officer/Director Resignation for a Corporation and fee	are submitted for filing.
Please return all correspondence concerning this matter to the follow	ving:
Andrew M. Feldman, Esq.	
(Name of Person)	
Andrew M. Feldman, P.A.	
(Name of Firm/Company)	
2655 S. Le Jeune Road, Fifth Floor	
(Address)	
Coral Gables, FL 33134	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Andrew M. Feldman, Esq. at ( 305 ) 445-	2005 ime Telephone Number)
(Name of Person) (Area Code & Days	ime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Departm	ent 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

I, Hamed Rodriguez	, hereby resign as Director
"	(Title)
of Figure H, Inc.	·
	ne of Corporation)
P03000133935 (Document Number, if known)	a corporation organized under the laws of the State of
Florida	·
	•A
Mh	
	(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