P03000150303

(Requ	uestor's Name)
(Addr	ress)
(Address)	
(City/	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busi	iness Entity Name)
(Doct	ument Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	iling Officer:

Office Use Only

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COVER LETTER

Amendment Section Division of Corporations

TO:

·
SUBJECT: H+ H Specialties (Name of Corporation)
DOCUMENT NUMBER: P03000150303
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Lee Hallanson (Name of Person)
H+H Special+les (Name of Firm/Company)
820 4/W y 393 N (Address)
Sauta Rosa Beach FL. 32 459 (City/State and Zip Code)
For further information concerning this matter, please call:
Lee Lakeu Son at (850) 267-1832 (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
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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

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