

P04000012434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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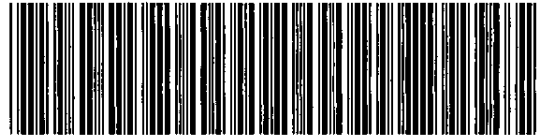
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OC
Resign
OCT 06 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida HAND TEAM 2 ASSOCIATES, INC
(Name of Corporation)

DOCUMENT NUMBER: P04000012434

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

Please return all correspondence concerning this matter to the following:

CHRISTA BAGGOTT
(Name of Person)

Florida HAND TEAM 2 ASSOCIATES INC
(Name of Firm/Company)

554 SW 180 Ave
(Address)

Pembroke Pines, FL. 33029
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTA BAGGOTT at (954) 430-1396
(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

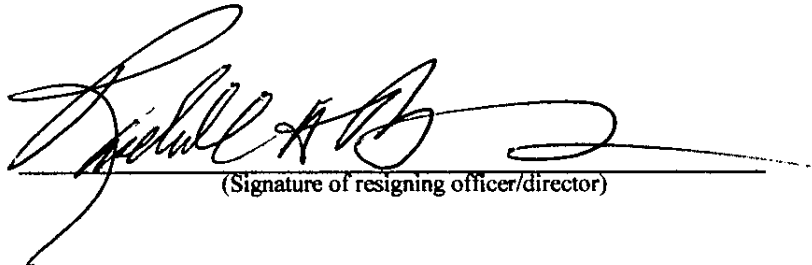
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Randall Browning, hereby resign as V.P.
(Title)

of Florida Hand Team 2 Associates, INC.
(Name of Corporation)

P04000012434, 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA