2768

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

Office Use Only



900161752689

Olsignation 96 09 gicer 10/23/09--01008--010 **35.00



HOR 10/26/09

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:_	SUBJECT: Hollinhead 107, Inc				
	(Name of Corporation)				
DOCUMEN	Γ NUMBER:	P04000027684			
The enclosed	Officer/Director	Resignation for a Corporation and fee are submitted for filing.			
Please return	all corresponden	ce concerning this matter to the following:			
Douglas Oe	esterle				
	(Name o	of Person)			
	(Name of Fi	rm/Company)			
9506 SW 5	7 Ave				
		dress)			
	(Aut	11055)			
Miami, FL	33156				
	(City/State a	and Zip Code)			
For further in	formation conce	rning this matter, please call:			
Douglas W	Oesterle	at (305) 665-7155 (Area Code & Daytime Telephone Number)			
	(Name of Perso	n) (Area Code & Daytime Telephone Number)			
Enclosed is a	check for \$35.00) made payable to the Florida Department of State.			
Street Addre Amendment S Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	orporations ng e Center Circle	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314			

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,Douglas W Oesterle	, hereby resign as Director	FILEL BOCT 23 AMIII
ofHollinhead 107, Inc		11:37 ELORIGE
P04000027684 (Document Number, if known)	ne of Corporation), a corporation organized under the laws	of the State of
Florida		
	Douglas W. Des	tub

FILING FEE IS \$35.00

(Signature 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