

PD40000046238

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

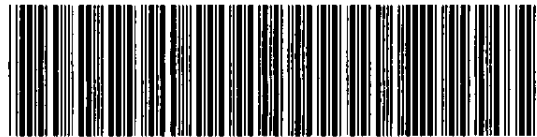
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HHS Investigative Services, Inc
(Name of Corporation)

DOCUMENT NUMBER: P04 0000 46238

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

Please return all correspondence concerning this matter to the following:

Cheryl A David
(Name of Person)

HHS Investigative Services, Inc
(Name of Firm/Company)

PO Box 32308
(Address)

Palm Beach Gardens, FL 33420
(City/State and Zip Code)

For further information concerning this matter, please call:

Robyne McCarthy at (301) 799-3330
(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, Robyne A. McCarthy, hereby resign as OFFICER - SEC/TRES.
(Title)

of HHS Investigative Services, Inc.
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Robyne A. McCarthy 2/3/10
(Signature of resigning officer/director)

FILING FEE IS \$35.00

FILED
10 FEB -5 AM 9:36
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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

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