P04000095932

(Re	questor's Name)	
(Ād	dress)	
(Ad	dress)	
- (Cit	y/State/Zip/Phone#)
PICK-UP	MAIT	MAIL MAIL
(Bu	siness Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
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04/25/05--01002--002 **35.00



OD Resign.

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Hearing Aids For Less, Inc. (Name of Corporation)
DOCUMENT NUMBER: P04000095932
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Thomas Wanderon (Name of Person)
Tax, Accounting & Financial Assoc. (Name of Firm/Company)
868 106th Avenue North (Address)
Naples, Florida 34108 (City/State and Zip Code)
For further information concerning this matter, please call:
Martha Vassar at (239) 591-4334 (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Thomas Wanderon	, hereby resign as <u>Director</u>
	(Title)
of Hearing Aids For Le	ss, Inc.
(1	lame of Corporation)
P0400095932 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
	05
	AR AP
	05 APR 22
	(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