## P04000121317

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
F
Special Instructions to Filing Officer:

Office Use Only



800045179288

02/04/05--01036--003 \*\*35.00

<del>82/04/65 -81036 -- 803 - \*\* 67.50 -</del>

SECRETARY OF STATE



## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Herving Wood and Company Inc. (Name of Corporation)
DOCUMENT NUMBER: P0400121317
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Jacob WOOD (Name of Person)
ELite Option C In c (Name of Firm/Company)
5703 Red Dub LAKE RD # 413 (Address)
W.hter Springs Fl. 32708 (City/State and Zip Code)
For further information concerning this matter, please call:
TACOL WOOD at (407) 448-6867 (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 P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32319

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	JACOB.	Mood		hereby resign as	vice-	Presiden (Title)	<u> </u>	<b>-</b> ·
of	Herrin	(Na)	+ Com	PANY	In corp	prated	,	
	P04	(Nas (668 121 3 mber, if known)			nder the laws	of the State o	f	
	Florior		<u>.</u>					•
			(Signature of re-	signing officer/dire	ctor)	TALLA	05 FEB -1	-11
						HASSEE	. #F	F
						E, FLORI	AH IO: 4.	J

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

FILING FEE IS \$35.00

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