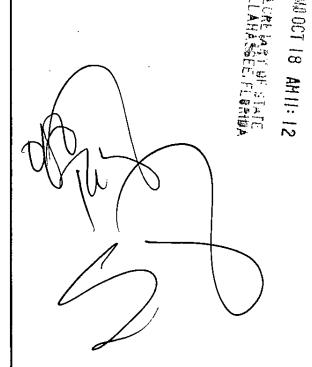


(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	.=
(Cit	ty/State/Zip/Phone	÷#)
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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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10/18/10--01026--020 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Estate Treasures at	Harrison
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: P040	00129367
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return all correspondence con	cerning this matter to the following:
Dwight Hicks, inc	
(Name of Perso	on)
(Name of Firm/Cor	mpany)
500 Harrison AVe	
(Address)	
Panama City FI	
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
Wanda Hicks	at (850) 215-1616 (Area Code & Daytime Telephone Number)
(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

DWIGHT HICKS, INC	, hereby resign as_	Treasurer	
3	,o.ooy .oo.g	(Title)	
of_ ESTATE TREASURES AT HA	RRISON, INC.		
P04000129367 (Document Number, if known)	_, a corporation organized und	der the laws of the State of	
Florida			
Drught.	Hills Cignature of resigning officer/direct	SLOPE IN STATE OF STA	

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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