## Po4000134822

(Re	equestor's Name)	
(Ac	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only



300139162313

Alsegnation

12/22/08--01004--011 \*\*35.00

FILED
2008 DEC 22 PH 4: 12
SECRETARSEE.FLORIDE
TALLAHASSEE.FLORIDE

43/30/08

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: INE BOYAL HIJINX OF DUBB: OLAF, INC. (Name of Corporation)
DOCUMENT NUMBER: +0 1000 13482Z
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)  THE POYAL HUINX OF DURB! OLAF, INC.  (Name of Firm/Company)
2455 HONEYBROOK PREK LANG
TALM STOPES FL 32936
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (321) 506-1711 (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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JIMMY C. BAKER, hereby resign as

(Title)

of THE POYAL HUINX OF DUBB OLAF, INC.
(Name of Corporation)

POYCO 134822
(Document Number, if known)

FOR A CORPORATION

OF DUBB OLAF, INC.

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