

PD4000167119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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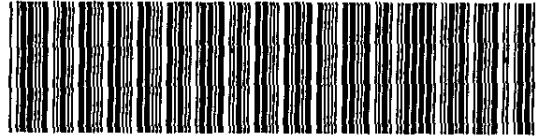
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

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05 FEB 25 PM 3:35  
TALLAHASSEE, FLORIDA

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Honeyson, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:**

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

Please return all correspondence concerning this matter to the following:

Todd Olson

(Name of Person)

Honeyson, Inc

(Name of Firm/Company)

P.O. Box 127

(Address)

Brush Prairie, WA 98606

(City/State and Zip Code)

For further information concerning this matter, please call:

Todd Olson

(Name of Person)

at ( 360 ) 907-8717

(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 32399

FILED  
05 FEB 25 PM 3:35  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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

  
(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