P05000010185

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE ALL AHASSEE

off. Resign

B DEC 20 2010

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HOUSES UNLIMITED, INC. (Name of Corporation)
(rante of bottpotation)
DOCUMENT NUMBER: P05000010185
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
HINA MIAN
(Name of Person)
HOUSES UNLIMITED, INC.
(Name of Firm/Company)
P.O.BOX 9573
(Address)
CORAL SPRINGS, FLORIDA 33076
(City/State and Zip Code)
For further information concerning this matter, please call:
HINA MIAN (Name of Person) at (954) 773-5373 (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

ZOIO DEC 17 PM 1:57

TALLAHASSEE, FLORIOR

_{I,} MUSHTAQ MIAN	, hereby resign as(Title)
	(Title)
of_ HOUSES UNLIMITED, INC.	
(Name	of Corporation)
P05000010185 (Document Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA	
	LOCOLO E CONTRACTOR DE CONTRAC
(;	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