

PG5000021825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

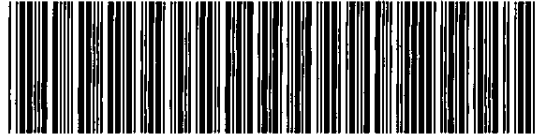
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

officer resign
Erin Murphy
2/20/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IMAN INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000021825

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

Please return all correspondence concerning this matter to the following:

MAHMOUD HAMDAN

(Name of Person)

IMAN INC.

(Name of Firm/Company)

2404 N. UNIVERSITY DR.

(Address)

SUNRISE FLORIDA 33322

(City/State and Zip Code)

For further information concerning this matter, please call:

MAHMOUD HAMDAN

(Name of Person)

at (954) 741- 4536

(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

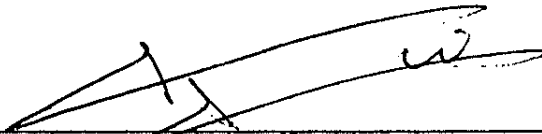
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, AHMAD HAMDAN, hereby resign as DVP
(Title)

of IMAN INC.
(Name of Corporation)

P05000021825, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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