

PD50000024082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

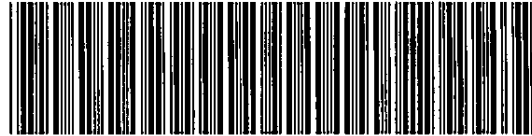
(Business Entity Name)

(Document Number)

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16 AUG 16 4 52  
DIVISION OF STATE  
CORPORATIONS

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** H.L PAINTING INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P05000024082

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

Please return all correspondence concerning this matter to the following:

**HERNAN LOFIEGO**

(Name of Person)

**H.L PAINTING INC.**

(Name of Firm/Company)

**118 E. PALM ST.**

(Address)

**DAVENPORT, FL 33837**

(City/State and Zip Code)

For further information concerning this matter, please call:

**HERNAN LOFIEGO**

(Name of Person)

at **407 4634811**

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
DIVISION OF CORPORATIONS  
16 AUG - 11 9:52

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, SILVIA BRAVO, hereby resign as OFFICER  
(Title)

of H.L PAINTING INC.  
(Name of Corporation)

P05000024082, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

16 FEB 16 10 15 AM  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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