1 P0500035014

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	—
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(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	- }
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Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: FL HOTEL MANUAGEMENT GROUP, CORF (Name of Corporation) DOCUMENT NUMBER: P0500035014
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)
(Name of Firm/Company)
2309 LAUDERDALE COURT
OR GAUDO FL 32805 (City/State and Zip Code)
For further information concerning this matter, please call:
Rose Robbinsat (407) 415-2310 (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

TO: Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

3 / /

I,	ROSE ROBRINS herery resign as VICE TRESIDER	JT
of	FC HOTEL MANAGEMENT GROUP CORP (Name of Corporation)	
	(Document Number, if known), a corporation organized under the laws of the State of	
	FLORIDA-	- Ta
	IPR 18 HASSE	
	(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