P05000001139

(Requestor's Name)
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PICK-UP WAIT MAIL
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10 JAN 28 PH 2: 40

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COVER LETTER

SUBJECT: Holvings. In c (Name of Corporation)
DOCUMENT NUMBER: P05000061139
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing:
Please return all correspondence concerning this matter to the following:
Philip HARDWICK.
(Name of Person)
(Name of Firm/Company)
(Name of Firm/Company)
301 5.0CEAW DL# 2-4 (Address)
FT Pierce FL 34949
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (772) 971 8484. (Area Code & Dáytime Telephone Number)
(Name of Person) (Area Code & Dáytime 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

TO:

Amendment Section Division of Corporations



January 20, 2010

PHIL HARDWICK 801 S. OCEAN DR. #204 FT. PIERCE, FL 34949

SUBJECT: HER HOLDINGS INC Ref. Number: P05000061139

We have received your document for HER HOLDINGS INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to resign as officer/director for a corporation is \$35 per person resigning.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 610A00001592

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	The 10-	Honouse	_, hereby resign as	/p.	(Title)	
of	/-/41/ 0 0006/1/ cument Number, if known	(Name of Corporate	011)	der the laws of		.,
(Doo	ument Number, II knowr		1			
		(Signature of	resigning officer/direct	or)		-
					10	THE LE

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