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(Re	equestor's Name)							
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(City/State/Zip/Phone #)								
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(Bu	siness Entity Nam	ne)						
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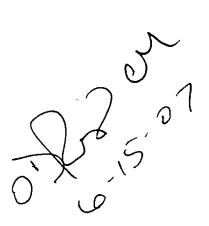
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O7 JUN 15 PM 4: 32 SECRETARY OF STATE ALL AHASSEF, FLORIO



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HOT SHOTS Pro SHOP (Name of Corporation)
DOCUMENT NUMBER: $P OSOO 78176$
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)
•
HOT SHOTS PRO SHOP
(Name of Firm/Company)
509 N TAMPA ST UNIT 3B
TAMPA FL 33602
(City/State and Zip Code)
For further information concerning this matter, please call:
WAYNE CULICH at (\$13) 340.1949 (Name of Person) (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, _	MICHELE	Kvi	ıcıl	, hereby resign as_	VICE	Presi (Title)	DEI	UT
of_	Hor 2	Name (Name	e of Corpora	Stop I	NC			,
	Document Number,		, a corp	oration organized un	der the laws	of the State		-
_	FLORIOR)	·			(ETARY I	JUN 15 F	
				*		OF STATE	PM 4: 32	Ö
			(Signarure o	resigning officer/direc	tor)		, ,	

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