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OF STATE

TATABLASSEE, FLORID

OffResign Jewis g-21-09

## **COVER LETTER**

| SUBJECT: HO MES 3 INVESTMENTS TNC.  (Name of Corporation)  DOCUMENT NUMBER: PO 5 0000 98 679  The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing Please return all correspondence concerning this matter to the following:   |
|--|
| DOCUMENT NUMBER: <u>Po 5 0000 98 679</u> The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing  |
| -  |
| Please return all correspondence concerning this matter to the following:  |
| The state of the s |
| ROSEANN HOLMES (Name of Person)  |
| HOLMES 3 INVESTMENTS INC. (Name of Firm/Company)   |
| 10592 PEBBLE COVE LANE   |
| BOCA RATON FLORIDA 33498 (City/State and Zip Code)   |
| For further information concerning this matter, please call:   |
| ROSEANN HOIMES at (561) 715-7843 (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

Amendment Section Division of Corporations

TO:

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| OS SEP 17 ED         |
|----------------------|
| -1 1 6               |
| TALLAHASSEE. FLORIDA |
| HOSEE. FLORIDA       |

| I, _ | ROSEANN                         | Holmes    | , hereby resi | gn as     | SECRET         | TARY Title) |
|------|---------------------------------|-----------|---------------|-----------|----------------|-------------|
| of_  | Holmes                          | 3 INVEST  | MENTS         | Inc       | `              |             |
|      | P 050000<br>(Document Number, i | 98679,acc | •             | zed under | the laws of th | ne State of |
|      | FLORIDA                         |           |               |           |                |             |

(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