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COVER LETTER

Division of Corporations
SUBJECT: (Name of Corporation)
DOCUMENT NUMBER: POSOOO(2760
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
TIPGO DE SOUEA (Name of Person)
HOUR BAY INSURANCE SERVICES, INC. (Name of Firm/Company)
100 BLUNING DR # 8
Dt CTIN FC 32541 (City/State and Zip Code)
For further information concerning this matter, please call:
T (ACO DE SOUZA at (850) 169-0686 (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

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TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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06 MAR 13	FIE
PHIL	
	ate of 06 MAR 13

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314