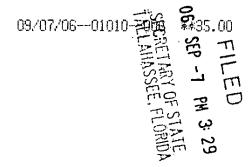
PUSUUU128925

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

Office Use Only



800079266888



THA !

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Dona R. Smith, hereby resign as Dill-Presidents

(Title)

of Hardlore Custom Carlos Dre

(Name of Corporation)

(Name of Corporation)

a corporation organized under the laws of the State of

(Document Number, if known)

FLORIDA

(Signature of resigning officer/director)

(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

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Hardoone Custom Certes, Bro (Name of Corporation) |
| DOCUMENT NUMBER: YOSOO 128925 |
| 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) |
| Speal 3 Otrera, P.A. (Name of Firm/Company) |
| 1840 coral way 4th Floor |
| Mame, Florida 33145 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (407) 253-222) (Area Code & Daytime Telephone Number) |

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.