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SECRETARY OF STATE
AND AN ASSEE, FLORID

M Resign C.COULLIETTE

APR 1 3 2009

EXAMINER

COVER LETTER

SUBJECT: H& H INVESTMENT GROWP TAVE (Name of Corporation) DOCUMENT NUMBER: PO 5000 / 5 45 7/ The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SHIPPET THOLL (Name of Person) HAH WES MENT TO C (Name of Firm/Company) 175 NE 20311. FOR SFE 15 (Address) MININITY 33/79 (City/State and Zip Code) For further information concerning this matter, please call: HAS BAME (Name of Person) at (954) 945-9490 (Area Code & Daytime Telephone Number)	10;	Division of Corporations
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SHEREE THOLL (Name of Person) HEH TOVES MEAN STORMED STORM		· · · · · · · · · · · · · · · · · · ·
Please return all correspondence concerning this matter to the following: SHEREE THOLL (Name of Person) HIH TOVES MENTS FOR TOVE TOVE (Name of Firm/Company) 175 NE 20318. FOR SFE 15 (Address) Miami Fl. 33/79 (City/State and Zip Code) For further information concerning this matter, please call:	DOC	UMENT NUMBER: <u> </u>
SHERRET THOLL (Name of Person) HIH TWESTMENT TOUR TOUR (Name of Firm/Company) 175 NE 20311. FOR SEE 15 (Address) Miami, Fl. 33/29 (City/State and Zip Code) For further information concerning this matter, please call:	The er	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
HEH TAVES INESTED TOUP TOUC (Name of Firm/Company) 175 NE 20311. for See 15 (Address) (City/State and Zip Code) For further information concerning this matter, please call:	Please	return all correspondence concerning this matter to the following:
175 NE 20311. for Sfe 15 (Address) Miami, Fl. 33/79 (City/State and Zip Code) For further information concerning this matter, please call:	5	(Name of Person)
Miami, 733/79 (City/State and Zip Code) For further information concerning this matter, please call:	HEI	(Name of Firm/Company)
For further information concerning this matter, please call:	<u>175</u>	(Address)
		(City/State and Zip Code)
(Name of Person) at (954) 965-9990 (Area Code & Daytime Telephone Number)	For fu	rther information concerning this matter, please call:
	<u> </u>	(Name of Person) at (954) 965-9990 (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

1, SHERREE THOU	, hereby resign as \(\subseteq \in CE \).	WESIDENT (Title)
of H& H In (VEST MEN). (Name of Corpo	TSZUP, INC.	,
POSODO/SYS7/ (Document Number, if known), a con	rporation organized under the laws o	of the State of
FloriDA.		
hen bel	e of resigning officer/director)	O9 APR 10 AM II SECRETARY OF S TALLAHASSEE FL
FILING	G FEE IS \$35.00	AHIO: 55 OF STATE E. FLORID,

Make checks payable to Florida Department of State and mail to:

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