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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #	¥)
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## TRANSMITTAL LETTER

RIDGELAND GROUP HUME INC.
(Name of Corporation) DOCUMENT NUMBER: P0600074627 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 Firm/Company) For further information concerning this matter, please call: (Name of Person) at (S/3) S/D 6257

(Area Code & Daytime Telephone Number) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: **Street Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. KATHICEN REU	$100/45$ hereby resign as_	Secretary (Title)
of RIDGELANY	GROUP Hom,	e INC.
PO60000 7462 (Document Number, if known) Flurida	, a corporation organized und	der the laws of the State of

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