

PD6000105425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

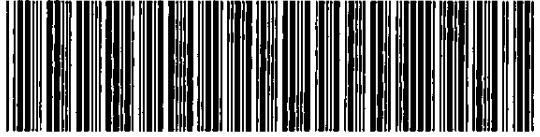
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DD/RES
12/4/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HFS-SARASOTA, INC.
(Name of Corporation)

DOCUMENT NUMBER: P06000105425

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janice Null
(Name of Person)

Incorp Services, Inc.
(Name of Firm/Company)

375 N. Stephanie St., Suite 1411
(Address)

Henderson, NV 89014-8909
(City/State and Zip Code)

For further information concerning this matter, please call:

Janice Null/Incorp Services, Inc. at (702) 866-2500 ext. 6505
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2009

JANICE NULL
INCorp SERVICES, INC.
375 N. STEPHANIE ST., SUITE 1411
HENDERSON, NV 89014-8909

SUBJECT: HFS-SARASOTA, INC.
Ref. Number: P06000105425

We have received your document for HFS-SARASOTA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

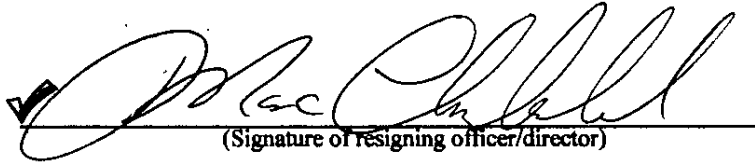
Letter Number: 209A00034631

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARC CHAMBERLAND, hereby resign as Pres _____
(Title)

of HFS-SARASOTA, INC. _____
(Name of Corporation)

P06000105425, a corporation organized under the laws of the State of
(Document Number, if known)
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

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TALLAHASSEE, FLORIDA
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