

PO7000017629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

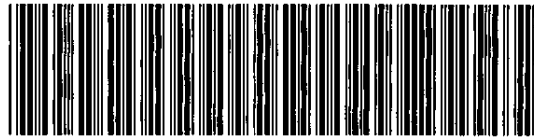
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HB PERMITS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000017629

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

Please return all correspondence concerning this matter to the following:

BARRIOS, HECTOR

(Name of Person)

HB PERMITS, INC.

(Name of Firm/Company)

6862 SW 157 CT.

(Address)

MIAMI, FL. 33174

(City/State and Zip Code)

For further information concerning this matter, please call:

BARRIOS, HECTOR

(Name of Person)

at (786) 444-9180

(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**

I, BARRIOS, MERCEDES, hereby resign as VICE-PRESIDENT/DIRECT
(Title)

of HB PERMITS, INC.
(Name of Corporation)

P07000017629, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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