P07000035150

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

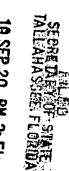
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Higher Expectations, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: PO 000035150	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for	filing
Please return all correspondence concerning this matter to the following:	
Robert H Torretti	
(Name of Person)	
Higher Expectations, Inc.	
(Name of Firm/Company)	
4127 Buglers Rest PL	
(Address)	
Casselberry, FL 32707	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Robert H Torretti 321 303-5440	
Robert H Torretti at (321) 303-5440 (Name of Person) (Area Code & Daytime Telephone Nur	nber)
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

Christopher A Thomas	_, hereby resign as_	Vice President	
7	_,, <i>g</i> <u>_</u>	(Title)	
of Higher Expectations, Inc.			
(Name of Corporation	on)	·	
P07000035150 , a corpor	, a corporation organized under the laws of the State of		
(Document Number, if known)	5		
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 10 SEP 20 PM 3: 54

