P09000001315

(Requestor's Name)
(Address)
(Address)
(Cit. (Chat. (7)) (Chan. 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special instructions to Filing Officer:

Office Use Only



600165634666

01/11/10--01024--003 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORID.

APPKOVEL AND FILED



COVER LETTER

Division of Corporations		
SUBJECT: H. Stafford PA (Name of Corporation)		
DOCUMENT NUMBER: PO900007315		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing		
Please return all correspondence concerning this matter to the following:		
Harold Stafford (Name of Person)		
N. Stafford PA (Name of Firm/Company)		
8695 College Porkway #2350 (Address)		
Tort Myers, FL 33919 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Harold Sta-Fard at (704) 651-4703 (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		

CR2E044(08/05)

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Julia Wiser Cra	
	(Title)
of H. Stafford PF	
(Nam	e of Corporation)
P0900007315	, a corporation organized under the laws of the State of
(Document Number, if known)	
Florida	<u></u> .

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 JAN II PH I: 22 SECRETARY OF STATE

APPROVE