P09000016295

(Re	equestor's Name)	.
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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aun 1-23-12

COVER LETTER

SUBJECT: HOME REDE INC).
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: PO	09000016295
The enclosed Officer/Director Re	esignation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
DEXTER KING	
(Name of P	erson)
HOME REDE INC.	
(Name of Firm/	Company)
13506 SUMMERPORT VILLA	AGE PKY #207
(Addres	is)
WINDERMERE, FL 34786	
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
DEXTER KING	at (407) 468-0077 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	ade 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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2012 JAN 20 AM B: 47 VICE PRESIDEN **DEXTER KING** , hereby resign as HOME REDE, INC (Name of Corporation) P09000016295 ____, a corporation organized under the laws of the State of (Document Number, if known) **FLORIDA**

FILING FEE IS \$35.00

ignature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314