

PD4000032320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

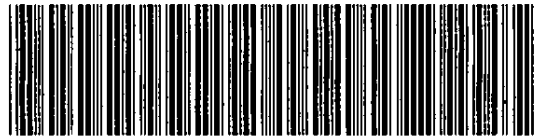
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
INELMARELLI, FLORIDA

DD/Res  
@ 4.5.10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HABIBA INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P09000032320

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

Please return all correspondence concerning this matter to the following:

AIMAN KHALIL

(Name of Person)

(Name of Firm/Company)

2038 EASTGATE WAY

(Address)

TALLAHASSEE, FLORIDA 32308

(City/State and Zip Code)

For further information concerning this matter, please call:

J. JOSEPH HUGHES, ESQUIRE

(Name of Person)

at ( 850 ) 222-7895

(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, NIDAL ALKHATEB, hereby resign as President  
OFFICER/DIRECTOR  
(Title)

of HABIBA INC.  
(Name of Corporation)

-09000032320, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

Nidal Alkhateb  
(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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