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TRANSMITTAL LETTER

SUBJECT: How R Un 1/2 ited 1/2
(*
DOCUMENT NUMBER: PO 9 0 0 00 48 9 8
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Person)
HAR United De. (Name of Firm/Company)
713 W. New York Are (Address)
Deland, Fl. 32720 (City/State and Zip Code)
For further information concerning this matter, please call:
Hwps: Hill at (366) 2)9-0123 (Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

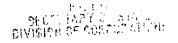
Amendment Section Division of Corporations

TO:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



15 MAY 26 AM 9: 50

I,	Rosin	<i>H:11</i>		_, hereby resign as_	Viu	Resident (Title)
of		HARO	Unlimited	Inc.		· · · · · · · · · · · · · · · · · · ·
<i>P0</i>	9000040 Document Numb	er, if known)	, a corpo	ration organized und	ler the laws o	of the State of
	Porida					
	-		Signature of	resigning officer/director	or)	

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