P09000064393

(Requestor's Name)	
(Address)	
•	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
, , ,	
(Document Number)	
(Document Number)	:
Certified Copies Certificates of Status	· .
Special Instructions to Filing Officer:	
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off. Resign.

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Havok Promotion	(Name of Corporation)
DOCUMENT NUMBER:	P0900064393
The enclosed Officer/Director	Resignation for a Corporation and fee are submitted for filing
Please return all correspondence	ce concerning this matter to the following:
Chuck Kanner	
(Name o	f Person)
Havok Promotions Inc	
(Name of Fin	rm/Company)
2147 Porter Lake Dr Suite	e G
(Add	lress)
Sarasota, FL 34237	
(City/State a	nd Zip Code)
For further information concer	ning this matter, please call:
Jeffrey Borrelli	at (941) 870-3232
(Name of Person	at (941) 870-3232 (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

•	OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION ALEGARANTA SERVICES A	CIL CO
I,	, hereby resign as President (Title)	SIATE OFFICE
of_ Havok Promotic		,
	(Name of Corporation)	
P09000064393 (Document Numb	a corporation organized under the laws of the State per, if known)	of
Florida	·	

FILING FEE IS \$35.00

(Signature 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