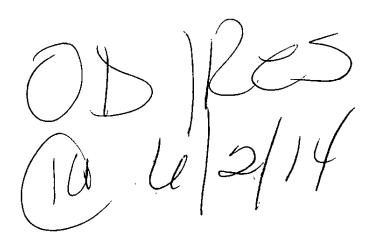
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(Re	questor's Name)	
(Ad	dress)	
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	10: 10: 7: 7:	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer.		
[		





05/19/14--01021--009 \*\*35.00



## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Quicklesse HPS Inc.  (Name of Corporation)  P10000050007
DOCUMENT NUMBER: P1000050067
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)
Quicklesse HPS Inc. (Name of Firm/Company)
773 S Indiana Ave Unit A
Englewood FL 34223 (City/State and Zip Code)
For further information concerning this matter, please call:
John M. 1220 at (94) WW 2-6739  (Name of Person) (Area Code & Daytime Telephone Number)

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

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

TO: Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E044(11/02)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, John M. 1770, hereby resign Treasures	<u> </u>	
of Quicklease HRS Inc. (Name of Corporation)		.,
Plooso 5000, a corporation organized under the laws of the State of (Document Number, if known)	f	
Florida		
noh ~ B		
(Signature of resigning officer/director)	14 HAY 19	, <sup>2</sup> <u></u>
	Y 19 FH	

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

FILING FEE IS \$35.00

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