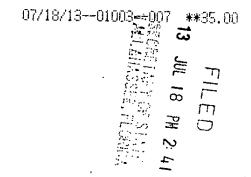
## P10000092710

(Re	questor's Name)	
(Address)		
(Address)		
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



100249833621



Of representation

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HOMEPRO MANAGEMENT, INC. (Name of Corporation)
DOCUMENT NUMBER: P10000092710
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Irene Palow
(Name of Person)
(Name of Firm/Company)
13506 Summerport Village Pkwy #308
(Address)
Windermere, FL 34786
(City/State and Zip Code)
For further information concerning this matter, please call:
Irene Palow (Name of Person)  at (407 )953-3833 (Area Code & Daytime Telephone Number)
(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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

IRENE PALOW	, hereby resign as SEC
***	(Title)
of_HOMEPRO MANAGE	7
P1000092710  (Document Number, if known)	rporation organized under the laws of the State of
FLORIDA	
(Signature	of resigning officer/director)
	<b>3</b>
	18 F
FILINO	G FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327

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

Tallahassee, Florida 32314