P110000043482

(R	equestor's Name)				
(A	ddress)				
. (A	ddress)				
(C	ity/State/Zip/Phone #)	· -···			
PICK-UP	WAIT	MAIL			
(B	usiness Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to	Filing Officer:				





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06/08/12--01025--011 **35.00

DIVISION OF CORPORATIONS
12 JUN -8 AM 9: 22

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COVER LETTER

Division of Corporations
SUBJECT: Fac Man Inc (Name of Corporation)
DOCUMENT NUMBER: P110000 63 482
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
BRIAN HogaN (Name of Person)
(Name of Firm/Company)
930 Missish H.II Roan (Address)
Boynton Beach, FC 33435 (City/State and Zip Code)
For further information concerning this matter, please call:
BRIGH HOGGN at (808) 282-7460 (Name of Person) (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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ц_ <u>В</u>	Riad Ho	gaN	, hereby resign as	Vice	President /	reasure
of	Fac Ma	~, Inc (Name of Co	rporation)			
P110		482 .a.	corporation organized u	nder the law	s of the State of	
_FI	OR OA	·				
			- >		c)	
		15 (Signat	ure of resigning officer/dire	ctor)	12 JUN -8	SECRETE IN
					-8 M 9	CONTROL STATE

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