



P110000097493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

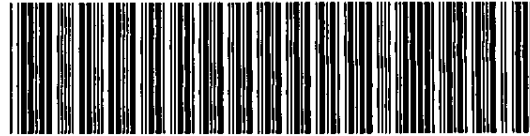
(Business Entity Name)

(Document Number)

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12 JAN 23 PM 4:09
STATE OF OHIO
DEPARTMENT OF REVENUE

O/D Resign.

01-25-12

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HCG Champion, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P110000097493

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy Jedlicki
(Name of Person)

HCG Champion, Inc.
(Name of Firm/Company)

9886 SAVONA WINDS DRIVE
(Address)

Deeray Beach, FL 33446
(City/State and Zip Code)

For further information concerning this matter, please call:

Tracy Jedlicki at (561) 702-3799
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Tracy Tedlicki, hereby resign as Secretary / Treasurer
(Title)

of HCG Champion, INC.
(Name of Corporation)

P11000097493, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Tracy Tedlicki
(Signature of resigning officer/director)

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

FILED
12 JAN 23 PM 4 09
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA