

P/200007880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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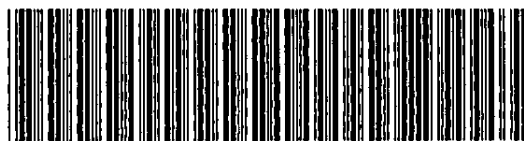
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Handwritten signature and date 5-7-13

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HADSOCK, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P12000007880

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

Please return all correspondence concerning this matter to the following:

**SELLIA HADSOCK**

(Name of Person)

**HADSOCK, INC**

(Name of Firm/Company)

**12644 PALM BEACH BLVD**

(Address)

**FORT MYERS, FL 33905**

(City/State and Zip Code)

For further information concerning this matter, please call:

**SELLIA HADSOCK** at ( 239 ) 690-1511  
(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

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, SELLIA HADSOCK, hereby resign as PRESIDENT  
(Title)

of HADSOCK, INC  
(Name of Corporation)

P12000007880, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Sellia Hadsock

(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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