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(Requestor's Name) (Address) (Address)	700277993147
(City/State/Zip/Phone #)	10/20/1501008014 **35.00
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Office Use Only	OCT 2.1 2014 C. CARROTHERS

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

NC. **SUBJECT:** (Name of Corporation) 3 7935)() **DOCUMENT NUMBER:**

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

Please return all correspondence concerning this matter to the following:

vame of Person)

(Name of Firm/Company) nit 113 (City/State and Zip Code)

For further information concerning this matter, please call:

Area Code & Daytime Telephone Number) (Name of Person)

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 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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reasurer <u>Divia De</u> HOOK _, hereby resign as <u>HTE</u> I, __ Inc. hon $\gamma \gamma \gamma$ of_ (Name of Corporation) _, a corporation organized under the laws of the State of Document Number, if orida

signing officer/director)

FILING FEE IS \$35.00

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

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