

P160000 55629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300291539513

10/27/16--01015--019 **35.00

RECEIVED
SECTION OF INFORMATION
2016 OCT 27 PM 1:43

OCT 31 2016
C LEWIS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HGR APPS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P16000055629

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

Please return all correspondence concerning this matter to the following:

O.P. ARIAS

(Name of Person)

PRACTICAL BUSINESS SERVICES CORP

(Name of Firm/Company)

1581 WEST 49TH STREET, #127

(Address)

HIALEAH, FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

O.P. ARIAS

(Name of Person)

at **786 452-8982**

(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
2661 Executive Center Circle
Tallahassee, FL 32301

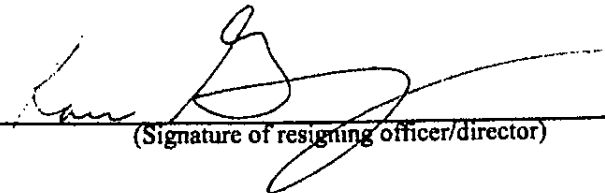
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ABID, INC., hereby resign as TREASURER
(Title)

of HGR APPS, INC.
(Name of Corporation)

P16000055629, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

2016 OCT 27 PM 1:43
DIVISION OF CORPORATIONS
STATE OF 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