## P21000060591

(Re	equestor's Name)					
(Address)						
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: Hog Cos ou tampa Cosp.  (Name of Corporation)						
DOCUMENT NUMBER: \$21000060591						
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Honald Abrau (Name of Person)						
(Name of Person)						
(Name of Firm/Company)						
4060 LOUIS AVR (Address)						
(Address)						
1-loliday FL 34691 (City/State and Zip Code)						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
Name of Person) at (786, 6830404)  (Name of Person) (Area Code & Daytime Telephone Number)						
(Name of Person) (Area Code & Daytime Telephoné 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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					(Tale)			
of	Heat	WS TO UM	-lamps	Conf				
		(Name	of Corporations					
12/000605/1, a corporation organized under the laws of the State of (Document Number, if known)								
	Florie							
			Al s	J				
(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