

P92000011617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

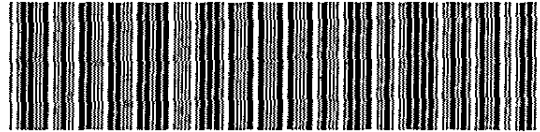
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

officer Resignation
CG
6-16-04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: High Pine, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P92000011617

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

Please return all correspondence concerning this matter to the following:

Flavio Pandolfi

(Name of Person)

Solano & Associates Enterprises Inc.

(Name of Firm/Company)

640 N. Semoran Blvd.

(Address)

Orlando, FL 32807

(City/State and Zip Code)

For further information concerning this matter, please call:

Dyanne Kozlowski

(Name of Person)

at (407) 381-4432

(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**

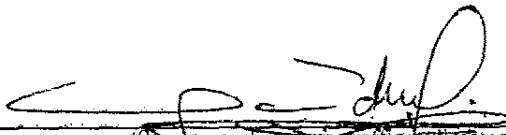
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2004 JUN 10 PM 12:57
CLERK OF STATE
TALLAHASSEE FLORIDA

I, Claudia Pandolfi, hereby resign as President
(Title)

of High Pine, Inc.
(Name of Corporation)

P92000011617, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(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