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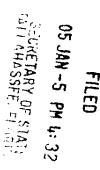
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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010 Resign.

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Solvtions - Hammock, Twc. (Name of Corporation) DOCUMENT NUMBER: P 940 000 250 58 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.			
			Please return all correspondence concerning this matter to the following:
			Alan Goldon (Name of Person)
(Name of Person)			
(Name of Firm/Company)			
• •			
Jackson Ville, Fr 32224 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Alcon Govdon at (904) 4724808 (Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for \$35.00 made payable to the Florida Department of State. (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)			
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, Han Govdon, hereby resign as	Divector
Solutions-Hammock, Jo	(Title)
(Name of Corporation) P 940 000 950 5 Ra corporation organized under (Document Number, if known)	
From DA.	4
	Go a

(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

CRETARY OF ST