Evelveron & Ct.  Requester's Name  4542 Wimbleton Ct.	+3560 OZ JUL 19 AM 10: 33
Address (450) Tallahassee, FL32303 514-1943 City/State/Zip Phone #	TALLAHASSEE, FLORIDA
CORPORATION NAME(S) & DOCUMENT NUMBER	$O\chi$
1. Hazard Witigation Recovery Services, (Corporation Name) (Doctor)  2. (Corporation Name) (Doctor)	iment #)
4	ment#) 800006524558——3 -07/19/0201022009
Walk in Pick up time Photocop	
Limited Liability Change	ment ation of R.A., Officer/Director of Registered Agent ation/Withdrawal
OTHER FILINGS REGISTRA	ATION/QUALIFICATION
	1 Partnership tement
BECEINED	Examiner's Initials
CR2E031(7/97)	7/19/02

JUL 19 M 10:33
I, Evelverion F. Johnson, hereby resign as Vice President
of Hazard Mitigation and Recovery Services Incorporated.  (Name of Corporation)
(Name of Corporation)
a corporation organized under the laws of the State of Florida
and affirm that the corporation has been notified in writing of the resignation.
Evivelon 7 Johnson (Signature of resigning officer/director)

OFFICER / DIRECTOR RESIGNATION

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314