## P98000031033

(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:		

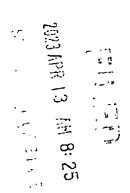
Office Use Only



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S. CHATHAM JUN 28 2023



## TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Lennie M	1 Hawkins Inc (Name of Corporation)
	000 310 33
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing
Please return all correspondence concerni	ng this matter to the following:
Jennie Haw (Name of Person)	Kins
Jennie M Ha (Name of Firm/Company)	awkins Inc
4215 S. Ridgew (Address)	oud Ave # 104
Port Orange For (City/State and Zip Code	1 32127 )
For further information concerning this m	atter, please call:
Lennie Hawkins (Name of Person)	at ( <u>386</u> ) <u>547-3265</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	able to the Florida Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

. Scott D HAWKins hereby resign as	VP/Secretary (Title)
of Jennie M HAWKins Inc (Name of Corporation)	
P980003/033, a corporation organized under the	laws of the State of
Florida	so <b>⊆</b>
	2023 APR
Stan to	
(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