P9800089750

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
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(Document Number)
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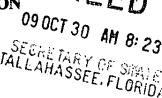
O9 OCT 30 AM 8: 23

10B0109

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Hilltime, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: P98000089750
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
Willi	am Harrold
	(Name of Person)
Hillti	me, Inc.
	(Name of Firm/Company)
350	7 Maclay Blvd.
	(Address)
Talla	ahassee, FL 32312
	(City/State and Zip Code)
For fi	orther information concerning this matter, please call:
Barb	ara Hill at (850) 443-4295 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divisi Clifto 2661	Mailing Address: Idment Section Ion of Corporations Ion Building Executive Center Circle Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION SEGMENT AM 8: 23



, hereby resign as (Title)
oration)
orporation organized under the laws of the State of
Λ
e 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