

P98 0001 03 098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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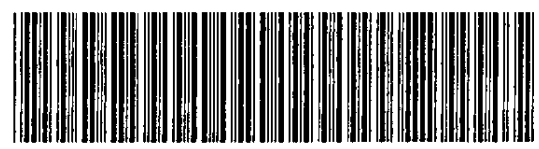
(Business Entity Name)

(Document Number)

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11 FEB 28 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*to 3-2-11*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Extra Hands, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P980000/103098

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

Please return all correspondence concerning this matter to the following:

Chris Mongelluzzi  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

30840 U.S. Hwy 19 North  
(Address)

Palm Harbor, FL 33759  
(City/State and Zip Code)

For further information concerning this matter, please call:

Edwin Shepherdson at ( 813 ) 908-0009  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**


**FILED**  
11 FEB 28 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Chris Mongelluzzi, hereby resign as D  
(Title)

of Extra Hands, INC.  
(Name of Corporation)

P98000103098, 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