



**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HOEFLINGER & CHIARINI, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P98000107521

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

Please return all correspondence concerning this matter to the following:

ALEXANDRA CHIARINI  
(Name of Person)

HOEFLINGER & CHIARINI, INC  
(Name of Firm/Company)

2510 S MIAMI AVENUE  
(Address)

MIAMI, FL 33129  
(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXANDRA CHIARINI at (305) 490 9199  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**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, ALEXANDRA CHIARINI, hereby resign as SECRETARY  
(Title)

of HOEPLINGER & CHIARINI, INC  
(Name of Corporation)

P98000107521, 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

**FILED**  
04 MAR 26 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA