P98000107521

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cil	ty/State/Zip/Phone	#)
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HOEFLINGER & CHIMEIN INC. (Name of Corporation)
DOCUMENT NUMBER: <u>P98000107521</u>
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)
HOFFLINGER & CHIARINI, INC (Name of Firm/Company)
2510 S HIAMI AUENUE (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.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ALEXANDRA CHIA	MI, hereby resign as SE	CETARY (Title)
of HOFFLINGER & CH	Corporation)	
(Document Number, if known)	, a corporation organized under the	laws of the State of
FLORIDA	•	
		<u>'</u>
<u>Cleur</u> (Sig	enature of resigning officer/director)	OL MAR 26 SECRETAR TALLAHAS
FI	LING FEE IS \$35.00	Z6 PH 1: 43 TARY OF STAT

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Make checks payable to Florida Department of State and mail to: