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TRANSMITTAL LETTER

SUBJECT: HACIENDA LA C	ARIDAD, INC. (Name of Corporation)
DOCUMENT NUMBER:	99000017915
The enclosed Officer/Director Re	esignation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
Thomas M. Egan, Chartered	
(Name of P	Person)
Thomas M. Egan, Chartered	
(Name of Firm	(Company)
2107 SE 3rd Ave.	
(Addres	SS)
Ocala, FL 34471	
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
Thomas M. Egan (Name of Person)	at (352) 629-7110 (Area Code & Daytime Telephone Number)
(Name of Ferson)	(Area Code & Daytitle Telephone Number)
Enclosed is a check for \$35.00 to	nade payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Fl. 32399

Amendment Section Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	, hereby resign as_	DIRECTOR and PRESIDE	ΞN-
· · · · · · · · · · · · · · · · · · ·	. , , , _	(Title)	_
of HACIENDA LA CARIDAD, INC. (Name of Corporation)	n)		_,
P99000017915 ,a corpora	ation organized und	der the laws of the State of	
FLORIDA			
(Signature of re	esigning officer/director	ON APR 15 AM	
FILING FE	E IS \$35.00	1 9:5: STATE LORGIN	D

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

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