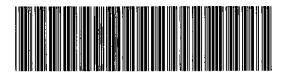
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| (Req                      | uestor's Name)   |                |
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| (City                     | /State/Zip/Phone | e #1)          |
| (=,                       | , o 10-10-1      | · · · <b>,</b> |
| PICK-UP                   | ☐ WAIT           | MAIL           |
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| (Doc                      | cument Number)   |                |
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| Certified Copies          | Certificates     | s of Status    |
|                           |                  |                |
|                           |                  |                |
| Special Instructions to F | iling Officer:   |                |
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2010 NOY - 1 PH 12: 44
SECRETARY OF STATE
ALLAHASSEE, FI OBIDA

off. Resign.

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NOV - 3 2010

## **COVER LETTER**

| Division of Corporations   |  |  |
|--|--|--|
| SUBJECT: H.B. S. EUTERPRISES, T.J.C. (Name of Corporation)   |  |  |
| DOCUMENT NUMBER: Pagcocoalaa   |  |  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  |  |  |
| Please return all correspondence concerning this matter to the following:  |  |  |
| BARBARA JO HUXTHES (Name of Person)  |  |  |
| (Name of Firm/Company)   |  |  |
| (Address)  |  |  |
| Orlew Spanus, FL 3at 30 (City/State and Zip Code)  |  |  |
| For further information concerning this matter, please call:   |  |  |
| Checaca J. Nexhes at (407) 739-4778 (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 |  |  |

TO: Amendment Section

|  | CTOR RESIGNATION CORPORATION CONTROL C |
|--|--|
| s, Motors Edward (Sudan E              | hereby resign as Ranka (Title)   |
| of H.B.S. Experience (Name of Corpora  | 1965, Eve.   |
| P9900000000000000000000000000000000000 | oration organized under the laws of the State of   |
|  |  |

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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