503471

(Re	equestor's Name)				
(Ad	(dress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bı	isiness Entity Nai	me)			
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·			
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Special Instructions to	Filing Officer:				
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: R # HERMAN ENTERPRISES INC (Name of Corporation)
DOCUMENT NUMBER: 5 03471
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person) Rem HERMAN ENJERPRISES INC (Name of Firm/Company)
2750 NE 183 M # 803 (Address)
AUE ITURA, FL 33160 (City/State and Zip Code)
For further information concerning this matter, please call:
M. Lac HERMAN at (305) 193-0224 (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
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	RYTH	HERMAN	, hereby resign as	VP	(Title)
of_	Rom	HERMAN E (Name of Co	nterprises, I	NC.	
	S o 3	nber, if known), a c	corporation organized unde	er the laws of	f the State of
	FLORIDA	<u> </u>	्र के क्षित्र । र		
		Rut (Signati	the A Suman ure of resigning officer/director	r)	FILED 2: 26 05 DET -3 PM 2: 26 TALLARIASSEE FLOAT

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