## 169570

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Olymonic Ip) None II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## TRANSMITTAL LETTER

•
SUBJECT: HAPPY STORES INC (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
MARIAN INGRAM (Name of Person)
HAPPY Stores INC (Name of Firm/Company)
PoBox 1055 (Address)
SANTA ROSA BCH, FL. 32459 (City/State and Zip Code)
For further information concerning this matter, please call:
MARIAN INGRAM at (850) 830-1676 (Name of Person) at (850) 830-1676 (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

Amendment Section Division of Corporations

TO:

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	MARIAN INGRAM		, hereby resign as_	Cox	O SE	<u>C</u>	
	11 0			·	(Title)		
of_	HAPPY Stores, IN	C	rmoration)			<del></del>	
	(Document Number, if known)	orpora	tion organized under	the laws	of the St	ate o	ď.
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	Mariane	Drig	na_		OF ST	P 1	
		ature o	resigning officer/direct	or)	<u> </u>	<u></u>	

## 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