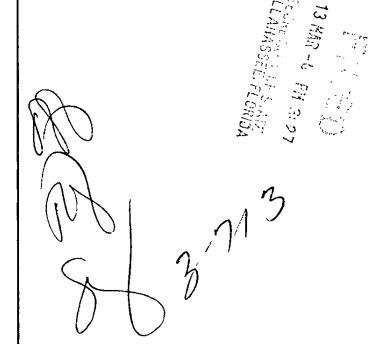


(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





03/04/13--01042--005 **70.00



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: RENTICE HOMAS & HISSOCIATES INC (Name of Corporation) DOCUMENT NUMBER: 1, 90606
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
LEE THOMAS (Name of Person)
PRENTICE THOMAS + ASSOC. INC. (Name of Firm/Company)
425 E. Hobbywavo Blvo., ShiTED
MARY ESTHER, FL 32569 (City/State and Zip Code)
For further information concerning this matter, please call:
LEE THOMAS at (B50) 243-5992 (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

PRENTICE DI THOMAS.	Je., hereby resign as PRESIDENT	
of RENTICE THOMAS &	Associates, Force	,
(Name of L 90606 (Document Number, if known)	f Corporation) , a corporation organized under the laws of the State of	& (-1)
FLORIDA	· ARS	
	and are	
- Frents	gnature of resigning officer/director).	

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