POS COO 9Z7A2

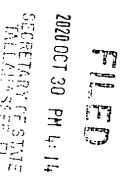
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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10/30/20--01008--014 **35.00



12/10120

TRANSMITTAL LETTER

RLW DISTRIBUTING, INC.	
	(Name of Corporation)
DOCUMENT NUMBER: 10.19.20	
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing
Please return all correspondence concerning	ng this matter to the following:
RANDY L WISE	
(Name of Person)	
RLW DISTRIBUTING, INC.	
(Name of Firm/Company)	
1821 - 76TH AVENUE NORTH	
(Address)	
ST. PETERSBURG, FL 33702	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
RANDY L WISE	727 420-1125
(Name of Person)	at (727) 420-1125 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payab	ole to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: Amendment Section Division of Corporations

FILED

OFFICER / DIRECTOR RESIGNATION OCT 30 PM 4: 14 FOR A CORPORATION

DAPHNE A WISE L	VICE PRESIDENT, hereby resign as(Title)
	(Title)
RLW DISTRIBUTING, INC.	
	(Name of Corporation)
(Document Number, if known)	2722 a corporation organized under the laws of the State of
FLORIDA	
	 ·

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