P12000069979

(Re	equestor's Name)	
(Ad	ldress)	
•	,	
(Ad	idress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP		MAIL
-		_
(Bu	isiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	





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MARC A. B. SILVERMAN, P.A.

509 South Martin Luther King Jr. Ave.

Clearwater, Florida 33756 Phone 727-465-1977 Fax 727-465-9593

September 13, 2023

/lh Enc

Florida Department of State Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FI 32314

Re: Resignation Enclosed please find: () Lien search fee () Survey fee () Home Warranty Plan fee () Homeowner Association fees and copy of deed and closing statement () Your commission and closing statement () Insurance premium () Flood Insurance premium () Proceeds check and copy of closing statement () Checks representing the security deposit and the last months rent from the seller (x) Other: The Officer Resignation . . If you have any questions, please call or email me. Thank you. Lynn Holfstetter Closing Agent

TRANSMITTAL LETTER

Division of Corporations SUBJECT: RV TECH TRAINING CENTER, INC. (Name of Corporation) DOCUMENT NUMBER: P12000069979 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KAMRAN ROUHANI (Name of Person) (Name of Firm/Company) 2754 SUNSET POINT ROAD (Address) CLEARWATER, FL 33759 (City/State and Zip Code) For further information concerning this matter, please call: KAMRAN ROUHANI (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Amendment Section

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SAM ALSOP	P/T/D , hereby resign as(Title)	
RV TECH TRAINING CENTER, INC. (Nar	ne of Corporation)	
P12000069979 (Document Number, if known)	, a corporation organized under the laws of the State of	
FLORIDA		
	(Signature of resigning officer/director)	

FILING FEE IS \$35.00

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

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