25121

(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:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
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Office Use Only



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Officer Resignation

COVER LETTER

Division of Corporations	
SUBJECT: Imperial Photoeng	raving, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: 25°	1215
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing
Please return all correspondence c	oncerning this matter to the following:
Donna Rueth	
(Name of Pe	rson)
(Name of Firm/C	Company)
11013 SW Redwing Drive	
(Address	
Stuart, FL 34997	
(City/State and 2	(ip Code)
For further information concerning	g this matter, please call:
Donna Rueth	at (at (
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL, 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION AND SHARES OF THE STATE OF

L Donna Rueth	, hereby resign as Director & Sec./Treas.
,	(Title)
of Imperial Photoengraving, Inc.	
(Name of Corpora	tion)
251215 , a corpo	oration organized under the laws of the State of
Florida	
Dorma (Signature o	C. Ruth fresigning 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