

348716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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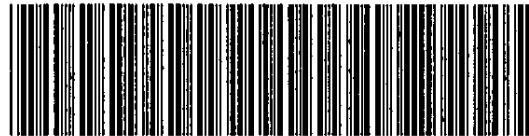
(Business Entity Name)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Edwards & Roberts, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** 348716

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Manuel Diner

(Name of Person)

Diner & Rodriguez, P.A.

(Name of Firm/Company)

7735 NW 146 Street, Suite 300

(Address)

Miami Lakes, Fl. 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

Manuel Diner

(Name of Person)

at ( 305 ) 825-8151

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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