

352517

(Requestor's Name)

WILLIAMS

P.O. BOX 402666

M.B.F.L. 33140

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

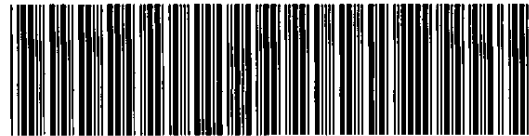
(Document Number)

Certified Copies _____

Certificates of Status _____

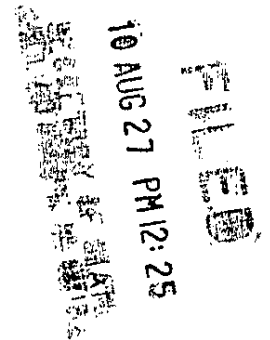
Special Instructions to Filing Officer:

Office Use Only



400184221504

08/27/10--01013--002 **35.00



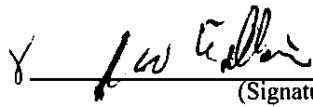
O/D Resign.
8/27/10
DC

**OFFICER ~~DIRECTOR~~ RESIGNATION
FOR A CORPORATION**

I, Ralph Williams, hereby resign as President
(Title)

of Joseph Raffaele, Corp.
(Name of Corporation)

352517, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature 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

FILED
10 AUG 27 PM 12:25