## 46178

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ddress)		
(Cit	ty/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Bu	isiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: R. K. SERVICES, INC (Name of Corporation)
DOCUMENT NUMBER: 466178
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carde Lowe (Name of Person)
(Name of Firm/Company)
20021 Sancraft Avenue
Port Charlotte, FL 33954 (City/State and Zip Code)
For further information concerning this matter, please call:
Carole Lowe at (94) 625-5217.  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Carole Lowe , hereby resign as VICE Preside (Title)	dent	-
of_	R.K. SERVICES, INC (Name of Corporation)	,	,
	(Document Number, if known), a corporation organized under the laws of the Sta	ite of	
	FLORIDA.		
	I. hour	20	
	(Signature of resigning officer/director)	2009 JAN 30	- me er
		BY OF STATE	
	FILING FEE IS \$35.00	-: <b>-:</b>	

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

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