## 479856

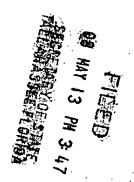
(Requestor's Name)		
(Address)		
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(Cit	ry/State/Zip/Phone	<del>: #)</del>
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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## **COVER LETTER**

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

CR2E044(0#05)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

of R.DAY INC.

(Name of Corporation)

479856

(Document Number, if known)

Floriba

(Streams of resigning office/day ctor)

FILING FEE IS \$35.00

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

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

