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Officer Resignation

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ROSAMED, Inc. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Mike Duranceau (Name of Person)
Weston Gergory Duranceau (Name of Firm/Company)
100 LA Casta Lane Suite 100 (Address)
Daylona Beach FL 32114 (City/State and Zip'Code)
For further information concerning this matter, please call:
Mike Duranceau at (386) 274-274-7 (Name of Person) at (386) 274-274-7 (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
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, Ilpsula Amon, hereby resign as Secretary
(Title)
of Rasamed Inc.
(Name of Corporation)
, a corporation organized under the laws of the State of (Document Number, if known)
Horida.
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(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