H24912

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
Special instructions to Filing Officer.	

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COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT:_	Ross	
_		(Name of Corporation) H 2 4 9 1 2
DOCUMEN	T NUMBER:	1127710
The enclosed	l Officer/Director	Resignation for a Corporation and fee are submitted for filing

Please return all correspondence concerning this matter to the following:

RoB	(Name of Person)
•	(Name of Person)
Ross	SECURITHS CORP. (Name of Firm/Company)
	(Name of Firm/Company)
7460	LA PAZ PL #209
	(Address)
BOCA	RATUN FC 33433 (City/State and Zip Code)
· ·	(City/State and Zip Code)

For further information concerning this matter, please call:

Bob Ross at (561) 362-1234

(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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	CYNTHIA S. ROSShereby resign as DIRECTOR (Title)
of	ROSS SECURITIES CORP. (Name of Corporation)
	(Document Number, if known), a corporation organized under the laws of the State of
	FLORIDA.
	, n
	(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

P.O. Box 6327 Tallahassee, Florida 32314