

439807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

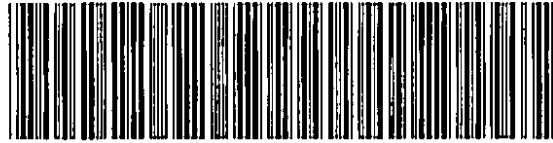
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SECRETARY OF STATE  
TALLAHASSEE, FL

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ronald L Davis and associates, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** H39807

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronald Davis

(Name of Person)

Ronald L Davis & Associates

(Name of Firm/Company)

10390 via balestri drive

(Address)

miromar lakes fl. 33913

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert L D'Andrea

(Name of Person)

at (239) 910-0001

(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:**

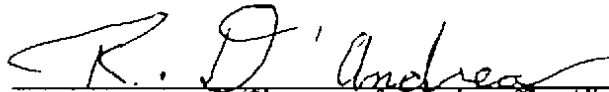
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Robert L. D'andrea, hereby resign as Vice President  
(Title)

of Ronald L. Davis & Associates,  
(Name of Corporation)

H39807, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 OCT 20 AM 9:21

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**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