## K37447

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

Office Use Only



600085624436

01/25/07--01033--012 \*\*35.00

2001 JAN 25 PM 2: 06
SECRETARY OF STATE

off. Rosegu

C. Coulliette JAN 2 6 2007

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: ROBERT ALLEN ASSOCIATES, INC. (Name of Corporation)	
DOCUMENT NUMBER: K 3 7 9 4 7	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
TODD ALLEN (Name of Person)	
ROBERT ALLEN ASSOCIATES, INC. (Name of Firm/Company)	٠
7649 CURRENCY DR (Address)	
ORLANDO FL 3Z809 (City/State and Zip Code)	
For further information concerning this matter, please call:	North CE
To D D Accent at (407) 240-090 9 (Name of Person) at (407) 240-090 9 (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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	TAMMY	ALLEN	, hereby resign as	vP	(Title)		_
of	ROBERT	ALLEN A	SSOCIATES,	lnc.	<u>.</u>	:	,
	K3794		rporation organized und	er the laws o	f the State o	f	
	FLOR D	4					
		( 0					
		Jammy (Signeyare	e of resigning officer/directo	r)		21	
					SECRETARY LLAHASSEI	107 JAN 2	_
		FILING	G FEE IS \$35.00		RY OF STA	2001 JAN 25 PM 2:	דורבט

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

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