M99152

	(Requestor's Name)
	(Address)
	(Address)
.a.	
2.*	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
• • •	
	(Business Entity Name)
	·
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
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To Resign C.COULLIETTE

AUG 0 5 2010

EXAMINER

COVER LETTER

PECEIVED
JUN 0 9 2010
OIL PRY/API

TO: Amendment Section Division of Corporations

SUBJECT:	KEALVEST	(Name of Corporation)	INC.
· · · · · ·		(Name of Corporation)	
DOCUMENT NUM	1BER:	M99:152	
The enclosed Office	r/Director Resignation	for a Corporation and fe	e are submitted for filing
Please return all corn	espondence concerning	g this matter to the follo	wing:
PAUL	PARTY! (Name of Person)	CA	
REALVE	ST PARTNE Name of Firm/Company)	RS, INC.	
* *	LUCIEN WAY		
- 	TAOFU City/State and Zip Code)		,
	ion concerning this ma	•	
Paul P. P.	ACTYKA ne of Person)	at (<u>407</u>) <u>34</u> (Area Code & Day	1-0805 rtime 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,	Paul P. Partyka hereby resign as Majaria Care (Title)	TNEK	<u>_</u>
of	REALVEST PARTNERS, INC.		_ ,
	(Name of Corporation) M99152 , a corporation organized under the laws of the State (Document Number, if known)	of	
- 7:	FLORIDA		
	(Signature of resigning officer/director)		
	AHMS SEE	10 AUG 1 PI	

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