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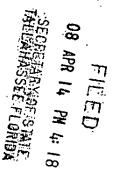
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ROCCS, Inc. (Name of Corporation)
DOCUMENT NUMBER: NO50006680
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
ROCCS, Inc (Name of Firm/Company)
P.O. Box 50 (Address)
Lecanto FL 34460 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (352) 427-4888 (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

1, Lori E. Peet.	S , hereby resign as Treasur (Ti	er tle)		_
of_ Roces	e of Corporation)			
1	, a corporation organized under the laws of the	State of		
Florida				
	(Signature of resigning officer/director)	SECH	V 80	
	FILING FEE IS \$35.00	ORIO .	APR 14 PH 4: 18	可能の

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

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