N14000003695

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

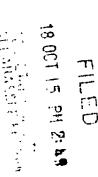


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1 Op Resign



TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
DOC!	Rish Lakish Org, Inc. (Name of Corporation) UMENT NUMBER: N14000003695 Inclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
	e return all correspondence concerning this matter to the following:
Ya	cob Lubin
	(Name of Person)
	(Name of Firm/Company)
123	345 SW 100 Avenue
	(Address)
Mia	ami, FL 33176
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Yad	Cob Lubin (Name of Person) at (786) 683-4297 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a check for \$35.00 made payable to the Florida Department of State.
Amendo Division P.O. B	ng Address: dment Section on of Corporations Box 6327 assee, FL 32314 Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Yacob Lubin	hereby resign as Director	
Rish Lakish Org, In	(Title)	
	of Corporation)	
N14000003695	, a corporation organized under the laws of the State of	
(Document Number, if known) Florida	<u>_</u> ,	
Han	Signature of resigning officer/director)	

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

FILING FEE IS \$35.00

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