P00000014374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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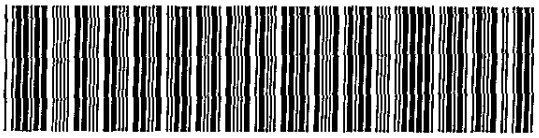

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DIVISION OF CORPORATION
2003 DEC 23 PM 5:21

Officer Resignation
LHS
1-5-04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ROBLEN ENTERPRISES INC.
(Name of Corporation)

DOCUMENT NUMBER: P00000014374

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

Please return all correspondence concerning this matter to the following:

DENISE R. GOGOLA
(Name of Person)

ROBLEN ENTERPRISES INC,
(Name of Firm/Company)

7247 OELSNER ST.
(Address)

NEW PORT RICHEY, FL, 34652
(City/State and Zip Code)

For further information concerning this matter, please call:

LEONARD J. GOGOLA at (727) 845-4609
(Name of Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E044(11/00)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2003 DEC 23 PM 5:21

I, DENISE R. GOGOLA, hereby resign as PRESIDENT / VICE PRESIDENT / TREA
(Title)

of ROBLEN ENTERPRISES INC,
(Name of Corporation)

P00000014374, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Denise R Gogola
(Signature of resigning officer/director)

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

VOID