(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:	7		
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: RAMLOR, INC.
	(Name of Corporation)
DOC	UMENT NUMBER:P00000117449
The en	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
CRA	NIG RAMSEY
	(Name of Person)
RAM	ILOR, INC.
	(Name of Firm/Company)
4500	SOUTH STATE ROAD 7
<del>`-</del>	(Address)
FOR	RT LAUDERDALE, FL 33314
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
CRAI	IG RAMSEY  at ( 954 ) 868-3467  (Name of Person) (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.
Amend Division Cliftor 2661 E	Mailing Address:  dment Section on of Corporations n Building Executive Center Circle  Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. LURETTA RAMSEY	hereby resign as DIRECTOR		
	(Title)		
of RAMLOR, INC.			
(Name of Co	rporation)		
P00000117449 (Document Number, if known)	corporation organized under the laws of the State of		
FLORIDA			
Latte Ran (Signat	WS extension officer/director)  WS extension officer/director)  AND  AND  AND  AND  AND  AND  AND  AN		

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