## P02000047131

(F	Requestor's Name)
( <i>f</i>	Address)
	Address)
(0	City/State/Zip/Phone #)
· PICK-UP	☐ WAIT ☐ MAIL
· (E	Business Entity Name)
7)	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
<del></del>	

Office Use Only



200074440842

05/15/06--01036--013 \*\*35.00

Of / Ri Lesip.

T. Roberts MAY 23 7008

6 MAY 15 AM II: 13

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Le R Monagement Grup, Inc (Name of Corporation)  DOCUMENT NUMBER: PO2000 47/3/	is —
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Rafael E RUIZ  (Name of Person)	
Ric Management Grap, Fre	
SUI SW 39 Avenue	•
MIMI H 33/34  (City/State and Zip Code)	
For further information concerning this matter, please call:	
Rafael Ruiz at 305, 774-001/ (Name of Person) at 305, 774-001/ (Area Code & Daytime Telephone Number)	
Englased is a sheek for \$25.00 made namble to the Floride Department of State	

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

Beitha. Ruz hereby resign as hereby resign as files of title)

of Richard Management Grap, Dre, (Name of Corporation)

(Name of Corporation)

(Document Number, if known)

Fluida

(Signature of pesigning office/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