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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORID:

PROVED AND FILED

off Resign

C. Courtiette SEP 2 1 2007

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Rapones Buildes Tre (Name of Corporation)
DOCUMENT NUMBER: PO2000 55309
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)
(Name of Firm/Company)
9751 E India 5+
Mimi FC 33157 (City/State and Zip Code)
For further information concerning this matter, please call:
Charles Baher at (786) 271-3/25 (Name of Person) at (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

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, <u>Cathony</u> Porsons, hereby resign as 1	OVPT (Title)
	(Title)
of Rapases Buildes Inc. (Name of Corporation)	
Polocument Number, if known), a corporation organized under	the laws of the State of
Flerida	

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

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SECRETARY OF STATE
ANASSEE, FLORIDA

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