| PO2 Requester's Name   | 0000636007  |
|--|---|
| Address  | 7   |
| City/State/Zip Phon  | ne#   |
| NO RETURN Addi   | Office Use Only  CUMENT NUMBER(S), (if known):  |
| 1. (Corporation Name)  | (Document #)  |
| 2. (Corporation Name)  | (Document #)  |
| 3. (Corporation Name)  | 90008358859<br>-10/14/0201043019<br>*****35.00 ******35.  |
| 4. (Corporation Name)  | (Document #)  |
| ☐ Walk in ☐ Pick up time   | Certified Copy  |
| Mail out Will wait   | Photocopy   |
| NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other | AMENDMENTS  Amendment  Resignation of R.A., Officer/Director,  Change of Registered Agent  Dissolution/Withdrawal  Merger |
| OTHER FILINGS  | REGISTRATION/QUALIFICATION  |
| Annual Report Fictitious Name  | Foreign Limited Partnership Reinstatement Trademark Other   |
| R2E031(7/97)   | Examiner's Initials   |

ols les.

FILED

02 OCT 14 PM 2:28

TALLAHASSEE, FLORIDA

## OFFICER / DIRECTOR RESIGNATION

| I, JAGDESH B. RUPNARAIN , hereby resign as Secretory                             |    |
|--|----|
| of Rays Grecary Inc ( Document # Po2000063407                                    | ., |
| a corporation organized under the laws of the State of Florida                   |    |
| and affirm that the corporation has been notified in writing of the resignation. |    |
| (Signature of fesigning officer/director)  |    |

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314