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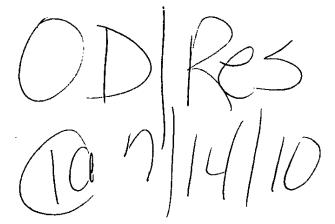


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

Division of Corporations
SUBJECT: R+ B True /hc. (Name of Corporation)
DOCUMENT NUMBER: \$0300005037
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
BIPIEL PATEL
(Name of Person)
(Name of Firm/Company)
(Name of Firm/Company)
4619 LONGBOW DA. (Address)
(Address)
TITUIVILLE FL-31796.
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (386) 345 (500 - (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
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

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, BIPIN PARCE	herehy region as	V.l. g Scepetan	4
	, nercoy resign as_	(Title)	. <i>'</i>
of R+ B TREE INC.			
(Name of Corp	oration)		
P0300005037 ,a co	orporation organized un	der the laws of the State	e of
HORIDA			
Vallag.			
(Signatur	e of resigning officer/direct	tor)	7 S
			E HA
			1 SEE
			LLAHASSEE, FLOR
FILING	G FEE IS \$35.00		- 9

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314