## Po 3000503/

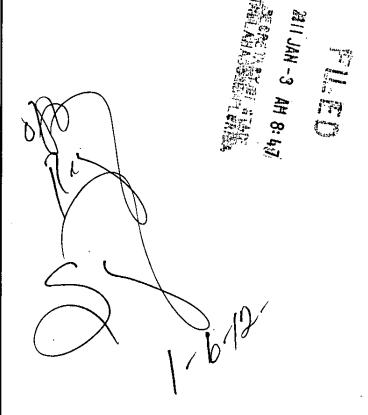
(Re	equestor's Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: R & B TREE INC. (Name of Corporation)
DOCUMENT NUMBER: <i>Po 3000005037</i>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
BIRIN
(Name of Person)
(Name of Firm/Company)
(Name of Firm/Company)
4619 LONGBON DR.
(Address)
Tionsville. FL- 32796.
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (321) 269 4788 (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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

post of

I, BIPIN PATE	, hereby resign as	SECRETARY (Title)	<del></del>
of R&B TREE IN (Name	e of Corporation)	<del>,, , , , , , , , , , , , , , , , , , ,</del>	,
P 0 3 0 0 0 0 0 5 0 3 7 (Document Number, if known)	, a corporation organized und	er the laws of the State of	
FLORIDA	<del></del> ·		
$\bigvee_{\alpha}$	t Osa	All JAN -3	And the second s
<u></u>	(Signature of resigning officer/directo	or)	

## 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