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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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off. Resign.

TB 3/9/09

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Restaurant MAINTENANCE Croup INC
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Janice Krakowski (Name of Person)
Restaurant Matintenance Grap Inc. (Name of Firm/Company)
1027 NW 31St AUE (Address)
Pompo Beach FG 33669 (City/State and Zip Code)
For further information concerning this matter, please call: (954) 650 - 8917 Tohn Krakouski at (630) 643 - 1145 (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

ING MAR 6

AM 8: 43

I, January Mathewan (e Group, Jack, (Name of Corporation))

(Name of Corporation)

(Document Number, if known)

Florida

(Document Number, if known)

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