## P0300013355

(Requ	uestor's Name)			
(Addı	ress)			
nbbA)	ess)			
(Cíty/	State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Doc	ument Number			
Certified Copies	Certificate	s of Status		
Special Instructions to Fi	ling Officer:			
}				

Office Use Only



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## TRANSMITTAL LETTER

то:	Amendment Section Division of Corporations
SUBJ	Rand Sales and Service, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: PO3000013355
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
Allei	n Patterson
	(Name of Person)
Ran	d Sales and Service, Inc.
	(Name of Firm/Company)
448	9 57th ave N.
	(Address)
Sain	nt Petersburg Florida 33714
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
Lucil	le A. Rashid - at ( 727 ) 521-3376  (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi P.O. E	ng Address:  Idment Section Idment S

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

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TALLAHASSEE FLORIC

Lucille A Rashid	, hereby resign as Se	Secretary/Treasurer (Title)		· · · · · · · · · · · · · ·
of Rand Sales and Service, Inc.				
		<u>*</u>	······································	5 <u>₹</u> 17 % :-
(Name of	Corporation)			
PO3000013355 (Document Number, if known)	, a corporation organized under	the laws of the St	ate of	
Florida	· La Contra La	- • • •		, a * = = ·*

(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