P03000084914

. (Re	equestor's Name)		
(Ac	ddress)		
, (Ad	ddress)		
. (Ci	ty/State/Zip/Phone	; #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

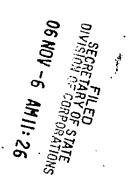
Office Use Only

DD/Res 10/11.7.06



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Typle & Development Grap, Inc. (Name of Corporation) DOCUMENT NUMBER: PO30000 34974
DOCUMENT NUMBER: 103000 019 19
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Bertha Ruz (Name of Person)
Right L Scretgment Grap, Inc.
3281 SIW 18 TENTACE (Address)
(Address)
Mimi fl 33145 (City/State and Zip Code)
For further information concerning this matter, please call:
Berthaluz at (305) 47-9843 (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:



October 20, 2006

BERTHA RUIZ TRIPLE R DEVELOPMENT GROUP, INC. 3281 S.W. 18 TERRACE MIAMI, FL 33145

SUBJECT: TRIPLE R DEVELOPMENT GROUP, INC.

Ref. Number: P03000084974

We have received your document for TRIPLE R DEVELOPMENT GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show the officer listed as Director. Please correct your document to reflect such. He is also listed twice, please list the correct officer to be removed from our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Document Specialist

Letter Number: 006A00062601

6 NOV -6 AM 8: 00

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1
FILER STAI
TOTAL ALL ADVIANCE

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