(Poguotors Nama)	
(Requestor's Name) (Address)	400136469024
(Address) (City/State/Zip/Phone #)	
	10/03/0801004011 **35.00
(Business Entity Name) (Document Number)	
ified Copies Certificates of Status	SECRETARYO
ecial Instructions to Filing Officer:	EPFLORE
Office Use Only	1 ION RUX

1

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: R. Usman Enterprises, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P03000086972

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rani Usman

(Name of Person)

R. Usman Enterprises, Inc.

(Name of Firm/Company)

11278 Willesdon Dr. S

(Address)

Jacksonville, FL 32246

(City/State and Zip Code)

For further information concerning this matter, please call:

Rani Usman

(Name of Person)

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 <u>Mailing Address:</u> Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _____Ashley C. Usman ______, hereby resign as ______ Vice President ______(Title)

of R. Usman Enterprises, Inc.

(Name of Corporation)

P03000086972

(Document Number, if known), a corporation organized under the laws of the State of

Florida

Caples officer/director) Signature of resigning



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