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(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	e#)
PICK-UP		MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
	Office Use On	lv



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TALLAHASSEE, FLORID FILED

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: <u>Ronin Cable</u>, Inc. (Name of Corporation)

DOCUMENT NUMBER: PO400031400

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

Ronio Cable Inc (Name of Firm/Company)

West Palm Court (Address)

Higleah, FL 33012 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (954) 445-1400 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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I, John	mccomb	, hereby resign as	ViceP	(Title)	de	
of Rania	Coble Inc (Name of C	orporation)				
Poy Occarent Nu	3) 400, a mber, if known)	corporation organized une	ler the laws of	the Sta	te of	
_Flooride	<u> </u>			TALLAHASS	05 AUG - 1	
	Signa	ture of resigning officer/director	or)	EE, FLORIDA	PM 3: 41	ED

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