

P04000050431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500162286085

11/05/09--01022--015 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

09 NOV -5 AM 10:28

FILED

O/D Resign.

RECORDED NOV 10 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BRALI CORP  
(Name of Corporation)

**DOCUMENT NUMBER:** P040000 50431

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

Please return all correspondence concerning this matter to the following:

Robert Fullerton  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

950 S. Pine Island Rd Suite A150  
(Address)

Plantation FL 33324  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Fullerton at (954) 593 9638  
(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**

I, Robert Fullerton, hereby resign as Director / officer  
(Title)

of BRALI CORP.  
(Name of Corporation)

P04000050431, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.



(Signature of resigning officer/director)

**FILED**  
09 NOV - 5 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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