

P04000101648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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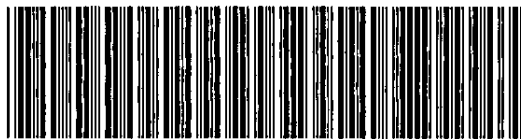
(Business Entity Name)

(Document Number)

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CLERK OF COURT
JULIA A. BROWN

O/D

Resign.

12-18-12

Dc

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Roxy Rosse Corp
(Name of Corporation)

DOCUMENT NUMBER: P04000101648

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

Please return all correspondence concerning this matter to the following:

Roxana J. Diaz
(Name of Person)

Roxy Rosse Corp
(Name of Firm/Company)

5661 S.W. 137th Ave
(Address)

Miami, FL 33183
(City/State and Zip Code)

For further information concerning this matter, please call:

Rodolfo Diaz at (305) 385-4410
(Name of Person) (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

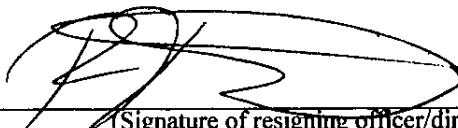
Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Roxana Diaz, hereby resign as Treasurer
(Title)

of Roxy Rasse, Corp.
(Name of Corporation)

P04000101648, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.


(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

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