P04000143699

	(Reques	stor's Name)		
	(Addres	s)			
	(Addres	s)			
	(City/Sta	ate/Zip/Pho	n e #)		
PICK-UF	° [] WAIT		MAIL	
(Business Entity Name)					
(Document Number)					
Certified Copies		Certificate	es of State	us	
Special Instructions	s to Filing	g Officer:			





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SECRETARY OF STATE

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C. Coullistte MAY 0 3 2005

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: R PRO SORVINGS INC. (Name of Corporation)
DOCUMENT NUMBER: <u>PO4000143699</u>
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)
R Pro Selvices Inc (Name of Firm/Company)
6754 Alisma LANC
TACKSONVILLE FL 32244 (City/State and Zip Code)
For further information concerning this matter, please call: HAMELIA ANN

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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Lamber Vann	, hereby resign as	Serve tapu	
	, nercoy resign as_	(Title)	-
	ies Inc		,
(Name of C	orporation)		
P04000143699 .a	corporation organized unc	der the laws of the State of	
(Document Number, if known)			
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	ature of resigning officer/director		.9 V
/ (Sight	ware or resigning ornical/directi	U1	_

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