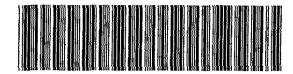
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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	Ą
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Officer Resignation

Office Use Only

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## TRANSMITTAL LETTER

SUBJECT: Romero Reynaldo Enterprises Inc (Name of Corporation) P05000033129 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Reynaldo Bonilla (Name of Person) Romero Reynaldo Enterprises Inc (Name of Firm/Company) 803 April Lane (Address) Tampa, FL 33613-1409 (City/State and Zip Code) For further information concerning this matter, please call: Reynaldo Bonilla Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Street Address: Amendment Section Division of Corporations Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 P.O. Box 6327 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION SECRETARY OF STATE

Reynaldo Bonilla	, hereby resign as	Vice-President
7		(Title)
of Romero Reynaldo Enterpr	ises, Inc.	
0	lame of Corporation)	
P05000033129 (Document Number, if known)	a corporation organized und	er the laws of the State of
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