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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(,
(Do	cument Number)	
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FEED

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: RUSHER TVC. (Name of Corporation)
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:
RALPH RUSHER (Name of Person)
RUSHER TUC. (Name of Firm/Company)
1323 SW 17Th ST, #420 (Address)
FT LAUNER NALE, FLORINA 33316 (City/State and Zip Code)
For further information concerning this matter, please call:
RALAH at (984) 646 0895 (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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, RALPIT O RUSHER, hereby resign as PRESI	NEWT (Title)
of RUSHER TNC. (Name of Corporation)	
Po 50000 3 521], a corporation organized under the laws of to (Document Number, if known)	the State of
FLORINA	7A. 05
	D5 HAY 31
allyal	E P III
(Signature of resigning officer/director)	4: 28 STATE STATE FLORID

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