

POS000062862

(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



700059789487

09/23/05--01026--016 **35.00

FILED
05 SEP 23 PM 12:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

Goff
per

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Revelation Networks Inc
(Name of Corporation)

DOCUMENT NUMBER: P05000062862

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

Please return all correspondence concerning this matter to the following:

Scott Camaratti
(Name of Person)

Revelation Networks Inc
(Name of Firm/Company)

2937 Sweetspire Ct
(Address)

Oviedo Florida 32766
(City/State and Zip Code)

For further information concerning this matter, please call:

Joshua Nell at (321) 947.8631
(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, Scott Camarotti, hereby resign as Vice President
(Title)
of Revelation Networks Incorporated,
(Name of Corporation)
P05000062862, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Scott Camarotti
(Signature of resigning officer/director)

FILED
05 SEP 23 PM 12:20
CLERK BARRY D. 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