P.05000068888

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	-	

Office Use Only

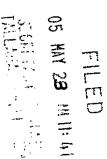




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Off Resign

05/23/05--01012--004 **35.00



TRANSMITTAL LETTER

Division of Corporations
SUBJECT: RLRD INC (Name of Corporation)
DOCUMENT NUMBER: P0500068888
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Ronen Levi (Name of Person)
(Name of Firm/Company)
13690 Raliegh LN # J-2 (Address)
Fort Myers FL 33919 (City/State and Zip Code)
For further information concerning this matter, please call:
Ronen Ley; at (239) 878-4532 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, Roni Dvash	hereby resign as Vice President (Title)
of RLRD INC	
(Name o	f Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
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