

P050000083027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RABE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000083027

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

Please return all correspondence concerning this matter to the following:

AMEEN KHADOUR
(Name of Person)

RABE, INC.
(Name of Firm/Company)

1915 SW 99 AVE
(Address)

MIRAMAR, FL 33025
(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREW GREENE, CPA at (954) 894-7222
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

**07 JUL -9 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, FARES KHDOUR, hereby resign as PRESIDENT
(Title)

of RABE, INC.
(Name of Corporation)

P05000083027, a corporation organized under the laws of the State of
(Document Number, if known)

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