## P05000087481

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

Office Use Only



300118518283

02/25/08--01046--008 \*\*35.00

08 FEB 25 AM 9: 58

FILED SECRETARY OF STATE DIVISION OF CORPORATION

OD/Res (1a) 2/29/08

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:	Roci	clan	ENT	ERPRIS	SES
			(Name of Cor	poration)	
DOCUMENT N	UMBER:	P05	0000 S	7481	
The enclosed Off	ficer/Director	Resignation f	or a Corporat	ion and fee ar	e submitted for filin
Please return all	corresponden	ce concerning	this matter to	the following	g:
_Soz	STS (Name o	S CC f Person)	<u> </u>	_	
<u> </u>	(Name of Fin	rm/Company)		_	
12943	NW (Add	7 5°	Γ		
PEMB	RDKE (City/State a	PINES nd Zip Code)	FL 3	<u>3</u> 028	
For further inform	mation concer	ning this mat	ter, please cal	1:	
Suzett	E ELL Name of Perso	15 n)	at ( <u>95</u> 1	(1) 394 code & Daytime	y550 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

I, SWESTE ELLIS, hereby resign as
(Title)
of ROCKLAN SNTERPRISES, INC. (Name of Corporation)
PO500087481 , a corporation organized under the laws of the State of (Document Number, if known)
FLOXIDA.
(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

SECRETARY OF STATE DIVISION OF CORPORATIONS