405000098583

(Requestor's Name)
(Address)
(133.555)
(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



400112142244

11/09/07--01031--006 **35.00

Of Dw Roses

SECRETARY OF STATE

יונינט

COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: SLW Rake, Inc
	(Name of Corporation)
DOC	CUMENT NUMBER: P05000098583
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Rya	an M. Smith
	(Name of Person)
SLV	N Rake, Inc
	(Name of Firm/Company)
903	7 Champions Way
	(Address)
Por	t St Lucie, FL 34986
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
Rya	n M. Smith at (614) 403-1744 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Divis Clifto 2661	Mailing Address: Amendment Section Sion of Corporations On Building Executive Center Circle Corporations Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION

FILED

OFFICER / DIRECTOR RESIGNATION

FOR A CORPORATION

FOR A CORPORATION

I. Gretchen Frazier-Smith	, hereby resign as CFO
1	(Title)
SLW Rake, Inc.	
Οι	ne of Corporation)
·	-
P05000098583	, a corporation organized under the laws of the State of
(Document Number, if known)	
Florida	
	 ·
A)c	retchen Inzier-Amble
	((Signature of resigning office) 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