## 105000131497

(Requ	estor's Name)	<u>.</u>
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(City/S	itate/Zip/Phone	e #)
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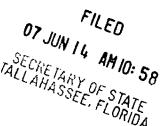
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

ı	
SUBJECT: RAVIN TRADII	NG CORP
	(Name of Corporation)
DOCUMENT NUMBER:	P05000131497
The enclosed Officer/Director	Resignation for a Corporation and fee are submitted for filing
Please return all corresponden	ice concerning this matter to the following:
VICENTE MEMOLI	
(Name o	of Person)
RAVIN TRADING CORP	
(Name of Fi	rm/Company)
11121 SW 146TH PL	
(Ad	dress)
MIAMI FL 33186	
(City/State a	and Zip Code)
For further information conce	rning this matter, please call:
VICENTE MEMOLI	at ( 305 ) 612-1291 (Area Code & Daytime Telephone Number)
(Name of Perso	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.0	0 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



, hereby resign as PRESIDENT
(Title)
poration)
corporation organized under the laws of the State of
ure 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