5000/42253

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
, substitute Entity (Marrier)	
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DIVISION OF CORPORATIONS
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT. ROPER & REIKER, P.A.
SUBJECT: ROPER & REIKER, P.A. (Name of Corporation)
DOCUMENT NUMBER: P05000142253
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Connie Roper
(Name of Person)
The Roper Law Firm, P.A.
(Name of Firm/Company)
296 S. Ferdon Blvd., Suite 5
(Address)
Crestview, FL 32536
(City/State and Zip Code)
For further information concerning this matter, please call:
Connie Roper at (850) 683-3940 (Name of Person) (Area Code & Daytime Telephone Number)
(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

OFFICER / DIRECTOR RESIGNATION

FOR A CORPORATION

I, ILONA B. REIKER	, hereby resign as DIRECTOR
	(Title)
of ROPER & REIKER, P.A.	
	ne of Corporation)
P05000142253 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	

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