POSOO 146185

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: RAW PAINT CORP (Name of Corporation)
DOCUMENT NUMBER: 605000146185
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
SCOTT DE RIODER (Name of Person)
(i table of I dison)
RAW PAINT CORP (Name of Firm/Company)
(Name of Firm/Company)
1/315 COCONVT /SLAND DR (Address)
(Address)
RIVERVIEW FZ 33569
(City/State and Zip Code)
For further information concerning this matter, please call:
Scott DERIODER at (813) 965 Z097 (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

1, 10dd /C	effe, hereby resign as Selsetary (Title)	
of RAW	Paint Corp	_,
(Document Number, if known)	lame of Corporation), a corporation organized under the laws of the State of	
Florida		
-6	(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

