

PO6000000343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

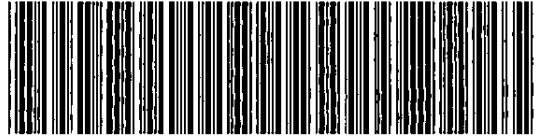
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TB

OCT 29 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RAMARAO MAKKENA MDPA
(Name of Corporation)

DOCUMENT NUMBER: P06000000343

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAMARAO MAKKENA
(Name of Person)

RAMARAO MAKKENA MDPA
(Name of Firm/Company)

3389 W. VINE ST, #304
(Address)

KISSIMMEE, FL, 34741
(City/State and Zip Code)

For further information concerning this matter, please call:

RAMARAO MAKKENA at 407 932 2799
(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**

I, SUJATHA MAKKENA, hereby resign as VP
(Title)

of RAMARAO MAKKENA MDPA,
(Name of Corporation)

P06000000343, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

x Sujatha Makkena
(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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