## P06000049796

(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
, ,		
(Document Number)		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		
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SECRETARY OF GARATIONS
DIVISION OF CORPORATIONS

CCR / 11300A

## **COVER LETTER**

TO	: Amendment Section Division of Corporations
SUF	BJECT: R & L OLE CORP  (Name of Corporation)
DO	CUMENT NUMBER: P06000049796
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Plea	se return all correspondence concerning this matter to the following:
LC	DRENZO EXPOSITO
	(Name of Person)
R	& L OLE CORP
	(Name of Firm/Company)
18	0 FURSE LAKES CIR#9
	(Address)
NA	APLES FL 34104
	(City/State and Zip Code)
For	further information concerning this matter, please call:
LO	RENZO EXPOSITO at (239 ) 403-7481 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enc	losed is a check for \$35.00 made payable to the Florida Department of State.
Amo Divi Clift 266	eet Address: endment Section ision of Corporations iton Building 1 Executive Center Circle lahassee, 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

OFFICER / D

ROSA C CASTILLO	, hereby resign as PRESIDENT	
,	(Title)	
of_R&LOLE CORP.		
(Nam	e of Corporation)	
P06000049796	, a corporation organized under the laws of the State of	
(Document Number, if known)		
FLORIDA		
<del></del>		

## FILING FEE IS \$35.00

(Signature of resigning/officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314