

PO6 0000069782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

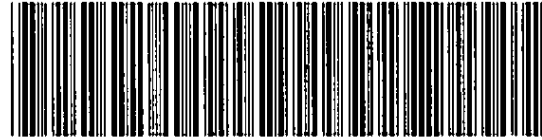
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

AUG - 187

C. KIRBY



TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RHUPPERT CORP

(Name of Corporation)

DOCUMENT NUMBER: P06000069782

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

RHUPPERT TOLEDO ALVES

(Name of Person)

RHUPPERT CORP

(Name of Firm/Company)

302 INDIAN POINT CIR

(Address)

KISSIMMEE FL 34746

(City/State and Zip Code)

For further information concerning this matter, please call:

RHUPPERT TOLEDO ALVES at 407 301-3839

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ERICA TOLEDO ALVES, hereby resign as VP
(Title)

of RHUPPERT CORP
(Name of Corporation)

P06000069782, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FL

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FILED

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