P0700033004

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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08/02/07--01012--010 **35.00

2007 AUG -2 PM 4: 26

C48/157

Old address:

7600 Collins 403

Olliami Beach, FL

33141

please, do not use!

COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: Refuven 8 Inc.

(Name of Corporation)

DOCUMENT NUMBER:

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

Tryna Proshchenko
(Name of Person)

(Name of Firm/Company)

193 90 Colling ave 1204

(Address)

Sunny isles FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

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

Oshchenko at (786) 587 - 22 US

(Area Code & Daytime Telephone Number)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

4/30/07

OFFICER / DIRECTOR RESIGNATION AUG -2 PM 4: 26

Jryna	Proshche	hereby re	esign as <i>Vice</i>	President (Title) Of ahu posi-H	/ Secret
of Regu	Ven 8 I	ne.		розі- Н ,	on
_	33004	•	nized under the laws	of the State of	
Florida	<u>a</u>				

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