P0800000243		
(Requestor's Name) (Address) (Address)	300132307323	
(City/State/Zip/Phone #)	07/07/0801056019 **35.00	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED DOB JUL -7 AM 10: 37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

## SUBJECT:\_\_\_ROPOBU GROUP INC.

(Name of Corporation)

## DOCUMENT NUMBER: P0800000243

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

Please return all correspondence concerning this matter to the following:

Elsy Portillo

(Name of Person)

ROPOBU GROUP INC.

(Name of Firm/Company)

11320 NW 43 TE.

(Address)

DORAL, FL. 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

ELSY PORTILLO

(Name of Person)

at (<u>305</u>) 776-8277 (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

CR2E044(08/05)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

.

I,PAOLA RODRIGUEZ	, hereby resign as	S (Title)
ofROPOBU GROUP INC.	e of Corporation)	
P08000000243 (Document Number, if known)	, a corporation organized under the	laws of the State of
FLORIDA		
A	Signature of resigning office/directory	TA'S
	FILING FEE IS \$35.00	<b>OB JUL -7 AN ID: 37</b> ECRETARY OF STATE LLAHASSEE, FLORID
Make checks payable	e to Florida Department of State an	

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