(F	Requestor's Name)	
4)	Address)	
	Address)	
((	City/State/Zip/Phone #)	
		•
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
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## **COVER LETTER**

SUBJECT: RODJON CORP	
SUBJECT: TODOTTO THE	(Name of Corporation)
DOCUMENT NUMBER: P08	0000026055
The enclosed Officer/Director Resi	ignation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
JONATHAN RODRIGUES	
(Name of Per	son)
RODJON CORP	
(Name of Firm/Co	ompany)
9340 MARINO CIR #205	
(Address)	
NAPLES FL 34114	
(City/State and Z	p Code)
For further information concerning	this matter, please call:
JONATHAN RODRIGUES	at ( 239 ) 877-8499
(Name of Person)	at (239) 877-8499 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	de 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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. JONATHAN RODRIGUES	, hereby resign as PRESIDENT
•,	(Title)
of_RODJON CORP	· · · · · · · · · · · · · · · · · · ·
(Name	e of Corporation)
P08000026055 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	·
	Signature of resigning officer/director)  TALLAHAS SEE TARY OF SIATE OF SIA

## 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