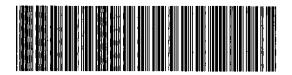
POBUCUO4/8189

| (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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COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: RAINIE, INC. | |
|---|--|
| | (Name of Corporation) |
| DOCUMENT NUMBER: P0800 | 00048788 |
| The enclosed Officer/Director Resign | ation for a Corporation and fee are submitted for filing |
| Please return all correspondence conc | terning this matter to the following: |
| LORRAINE MRUCZKOWSKI | |
| (Name of Person | n) |
| RAINIE, INC. | |
| (Name of Firm/Com | pany) |
| 340 ROYAL POINCIANA WAY S | UITE 1C |
| (Address) | |
| PALM BEACH, FL 33480 | |
| (City/State and Zip 0 | Code) |
| For further information concerning th | is matter, please call: |
| PAUL CACCOMO | at (561) 242-0568 |
| (Name of Person) | at (at (|
| Enclosed is a check for \$35.00 made | payable to the Florida Department of State. |
| Division of Corporations Clifton Building | Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I,LORRAINE MRUCZKOWSKI | , hereby resign as PSTD |
|-----------------------------|--|
| | (Title) |
| of RAINIE, INC. | |
| | Corporation) |
| P08000048788 | , a corporation organized under the laws of the State of |
| (Document Number, if known) | |
| FLORIDA | |

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