## Pecco58707

| (Re                      | equestor's Name)   |           |  |
|--------------------------|--------------------|-----------|--|
|                          |                    |           |  |
| (Ac                      | ldress)            |           |  |
| •                        |                    |           |  |
| (Ar                      | ldress)            |           |  |
| Ų ···                    |                    |           |  |
| - · · <u> </u>           |                    |           |  |
| (City/State/Zip/Phone #) |                    |           |  |
| PICK-UP                  | ☐ WAIT             | MAIL      |  |
|                          |                    |           |  |
|                          |                    |           |  |
| (Bu                      | isiness Entity Nan | ne)       |  |
|                          | •                  |           |  |
| (Document Number)        |                    |           |  |
|                          |                    |           |  |
| Certified Copies         | Certificates       | of Status |  |
|                          |                    |           |  |
|                          |                    |           |  |
| Special Instructions to  | Filing Officer:    |           |  |
|                          |                    |           |  |
|                          |                    |           |  |
|                          |                    | i         |  |
|                          |                    |           |  |
|                          |                    |           |  |
|                          |                    |           |  |
|                          |                    |           |  |
|                          |                    |           |  |

Office Use Only



800242176818

Usignation of Jopeen

11/29/12--01005--003 \*\*35.00



1857 PT 11 30/12

## TRANSMITTAL LETTER

| TO:                   | Amendment Section Division of Corporations   |   |                                       |
|-----------------------|--|---|---------------------------------------|
|                       | <sub>IECT:</sub> Rodriguez H   | (Name of Corpor   | ation)                                |
| DOC                   | UMENT NUMBER: P0800  | 00058707  |                                       |
| The e                 | nclosed Officer/Director Resi  | gnation for a Corporatior   | and fee are submitted for filing.     |
| Pleas                 | e return all correspondence co   | ncerning this matter to th  | e following:                          |
| Ма                    | ıria Rodriguez   |   |                                       |
|                       | (Name of Per   | son)  |                                       |
|                       | (Name of Firm/Co   | ompany)   |                                       |
| 72                    | 00 NW 7th St # 1   | 100   |                                       |
|                       | (Address)  |   |                                       |
| Mia                   | ami, FL 33126  |   |                                       |
|                       | (City/State and Zi   | ip Code)  |                                       |
| For fi                | urther information concerning  | this matter, please call:   |                                       |
| Ma                    | aria Rodriguez   | <sub>at (</sub> 305   | 609-6201  & Daytime Telephone Number) |
|                       | (Name of Person)   | (Area Cod   | & Daytime Telephone Number)           |
| Encle                 | osed is a check for \$35.00 mag  | de payable to the Florida   | Department of State.                  |
| Amer<br>Divis<br>P.O. | ing Address:  Indirect Section  Identification of Corporations  Box 6327  hassee, FL 32314 | Street Address: Amendment Section Division of Corporatio 409 E. Gaines Street Tallahassee, FL 32399 | •                                     |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

ME NOV 29 PM 4: 42

SECHE MARY OF STATE
TAILAHASSEE, FLORIDA

| Ruby M. Rodriguez           | , hereby resign as Director                              |  |
|-----------------------------|--|--|
|                             | (Title)  |  |
| Rodriguez Holdings, Inc.    |  |  |
| (Name of Corporation        | n)   |  |
| P08000058707                | , a corporation organized under the laws of the State of |  |
| (Document Number, if known) |  |  |
| Florida                     | •  |  |

FILING FEE IS \$35.00

ignature 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