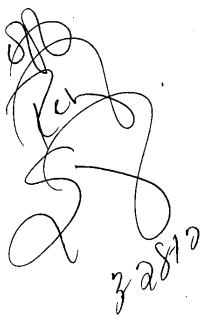
(Requestor's Name)	
(Address)	800208688
(Address)	
(City/State/Zip/Phone #)	03/28/120100600
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	TALLA
Certified Copies Certificates of Status	A BSEE
Special Instructions to Filing Officer:	FLORID
	8
Office Use Only	



598

\*\*35.00



## **COVER LETTER**

Amendment Section Division of Corporations TO:

SUBJECT:	ROLI	AIR	INC	_	_
<del></del>		(Name o	of Corporati	ion)	-
DOCUMENT NUMBER:_	PIOU	00093	538		<del></del>
The enclosed Officer/Directe	or Resignatio	on for a Co	rporation a	and fee are submitted	for filing
Please return all corresponde	ence concern	ing this ma	tter to the	following:	
ALBERTO	TR160				
A LB ENTO	of Person)		<del></del>		
TRIGO AND	COMPAN	vy		•	
(Name of )	Firm/Compan	у)			
10900 NW	25 74 5	TREET	STE 10"		
(A	ddress)				
DORAC (City/State	FL	371	7-		•
(City/State	and Zip Cod	e)			
For further information conc	erning this n	natter, plea	se call:		
ALBELTO TRICE (Name of Person	>	at (	305)	443-4180 & Daytime Telephone	
(Name of Pers	son)	()	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

# OFFICER /.DIRECTOR RESIGNATION FOR A CORPORATION

I, <u>ANTONIO</u>	YUNEZ	, hereby resign as	PRESIDENT (Title)	
of Rou	AIR INC (Name of Corpora	ation)		······································
\$100000936 (Document Number,		oration organized unde	er the laws of the Stat	e of
FLORIDA	*			
	(Signature o	of resigning officer/director	08/1	SECRETAR 20 M 8:50

### 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