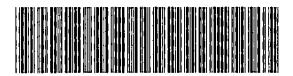
## P11000006087

(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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R WHTE SEP 10 2021

## TRANSMITTAL LETTER

R & R REPRESENTATION'S INC SUBJECT: (Name of Corporation) P11000006087 DOCUMENT NUMBER:\_\_ The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JUDITH DAL FARRA (Name of Person) JUDITH DAL FARRA CPA (Name of Firm/Company) 1465 NW 97TH AVE (Address) **DORAL, FL 33172** (City/State and Zip Code) For further information concerning this matter, please call: JUDITH DAL FARRA (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

RUMIL A LEAL I,	VICE-PRESIDENT, hereby resign as
	Title)
R & R REPRESENTATION'S I	INC
	(Name of Corporation)
P11000006087	, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	,
	(Signature of recipion of Geor/director)
	(Signature of resigning officer/director)

## **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