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(Ad	ldress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF SIATURES DIVISION OF CORPORATIONS

DDR25

## **COVER LETTER**

SUBJECT: ROSE PROPERTY MANAGEMENT, INC.

(Name of Corporation)

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:

Roxanne H. Rose

(Name of Person)

Rose Property Management, Inc.

(Name of Firm/Company)

625 Delaney Park Drive

For further information concerning this matter, please call:

(City/State and Zip Code)

(Address)

Roxanne H. Rose at (407) 701-8959

(Name of Person) (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

Orlando, Florida 32806

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

_, hereby resign as(Title)  (Title)
on)
on)
ration organized under the laws of the State of
t

FILING FEE IS \$35.00

(Signature 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