P12000098376

(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	





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* TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Raineri SFP Corp. (Name of Corporation)
DOCUMENT NUMBER: <u>P12000098376</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tina Raineri (Name of Person)
Raineri SFP Corp. (Name of Firm/Company)
1839 Middle River Dr. #505 (Address)
Ft. Lauderdale FL 33305 (City/State and Lip Code)
For further information concerning this matter, please call:
Tina Rainer, at (954) 531-8681 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILING FEE IS \$35.00

Maké checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314