PBODD	Wanzbe
(Requestor's Name) (Address) (Address)	100299625511
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	06/05/1701014004 **35.00
Certified Copies Certificates of Status	FILED JUN 0 8 2017 S. YOUNG
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA JUN 0 8 2017

#### TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

# SUBJECT: RUPEINC.

(Name of Corporation)

## DOCUMENT NUMBER: P13000002736

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

### **Ruben Olivarez**

(Name of Person)

# **RUPE INC**

(Name of Firm/Company)

## 7397A DAVIE ROAD EXT

(Address)

DAVIE, FL 33024 (City/State and Zip Code)

For further information concerning this matter, please call:

#### <u>Jeffrey Thomas</u> (Name of Person) at (954) 648-3840 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

### OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

. . . . .

5 . . . **.** 

• 14,

- **N** ( - - - +

ł

լ, Ruben Olivarez	, hereby resign as President
~	(Title)
of RUPEINC.	,
(Name of Corporation)	
P13000002736	_, a corporation organized under the laws of the State of
(Document Number, if known)	, f f
Florida	
(Signature of resigning officer/director)	
F	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