P13000089550

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	<u> </u>
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(Bı	isiness Entity Nan	ne)
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: RWB Tives Inc. (Name of Corporation)
DOCUMENT NUMBER: 7130000 89550
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Arlene Medina (Name of Person)
(Name of Firm/Company)
(Address)
St. Cloyd, ft 34769 (City/State and Zip Code)
For further information concerning this matter, please call:
Arlune Mediva at (407) 508-4547 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address: 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

I, Erica Condo, hereby resign as President D	irector
of RWB TIVES INC (Name of Corporation)	,
P1300089550, a corporation organized under the laws of the State of (Document Number, if known)	
- Florida .	
(Signature of resigning officer/director)	14 JUN 30 PH 12: 1

FILING FEE IS \$35.00

(chx #183)

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

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