P14000057175

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	·
	·	
Certified Copies	Certificates	of Status
	<u> </u>	
Special Instructions to	Filing Officer:	
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11/25/14--01032--011 **35.00

DEC - 5 2014 T. CARTER 14 NOV 25 PH 2: 20

SECRETARY OF STATE TALLAHASSEE, FLORID,

TRANSMITTAL LETTER

SUBJECT:	RC	PHAT MA , INC (Name of Corporation)
DOCUMENT N	NUMBER:_	(Name of Corporation) P 140000 5 7 175
The enclosed Of	ficer/Directo	or Resignation for a Corporation and fee are submitted for filing
Please return all	corresponde	nce concerning this matter to the following:
Les	nardo (Name	Franyie of Person)
Frany	(Name of F	rirm/Company) Group
6625	Mi ami	Lakes Dr #319 ddress)
Mikm	City/State	es ec 33014 and Zip Code)
For further infor	mation conc	erning this matter, please call:
Leon	Name of Pers	Frame at (786) 985 1492. (Area Code & Daytime Telephone Number)
Enclosed is a che	eck for \$35.0	00 made payable to the Florida Department of State.

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

Amendment Section Division of Corporations

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 NOV 25 PM 2: 20

	20a20, hereby resign as Precidente
RC PHA	RMA, (NC ne of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
Florida.	,

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