P14000069964

(Requestor's Name)	
(Address)	
,	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	s
Special Instructions to Filing Officer:	
	ļ
	5

Office Use Only



100263477311

Nesegnation 96 Officer

> 100263477311 09/23/14--01016--009 **35.00



9/30/14

TRANSMITTAL LETTER

Division of Corporations Restoration Alliance, Inc. (Name of Corporation) DOCUMENT NUMBER: P14000069964 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Christina Lucht, FRP or Bruce E. Loren, Esq. (Name of Person) Loren Law Firm (Name of Firm/Company) 7111 Fairway Drive, Suite 302 Palm Beach Gardens, FL 33418 (City/State and Zip Code) For further information concerning this matter, please call: Christina Lucht, FRP or Bruce E. Loren, Esq. (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E044 (05/13)

Mailing Address:

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION FILED

2114 SEP 23 PM 4: 39

I, <u>Gary Gorin</u>	TALLAHASSEE. FLORIDA Director/Treasurer , hereby reagn as (Title)
of Restoration Alliance, I	nc.
(Nan	ne of Corporation)
P1400069964 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
	<u></u> ·

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