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(Re	equestor's Name)	
(Ad	ldress)	-
(Ad	dress)	<u> </u>
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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	cument Number	
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Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
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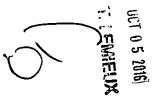
Office Use Only



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TRANSMITTAL LETTER

SUBJECT:

RCR Equestrum and for protection of a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RCR Equestrum and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RCR Equestrum and fee are submitted for filing.

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 Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Kim PerLman, hereby resign as PRES I Dent
(Title)
of RCR EGUESTRIAN DVC. (Name of Corporation)
(Document Number, if known), a corporation organized under the laws of the State of
Florida
Ø. V
(Signature of resigning officer/director)

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

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