P16000082397

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
L		

Office Use Only



400353398584

10/13/20--01021--008 **35.00



11/19/20



TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Rossie 16/ Supply (Name of Corporation)
DOCUMENT NUMBER: <u>P16000082397</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Tema Arteaga (Name of Person)
Rossie Mail Supply (Name of Firm/Company)
1,304 W 495t (Address)
Hipleal Fl 330/2 (City/State and Zip Code)
For further information concerning this matter, please call:
TRMA A. Larga at (786) 344-1805 (Name of Person) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 2020 OCT 13 PM 5: 18

SECRETARY OF STATE TALLAHASSEE, FL

I,	Amanda Hatem , hereby resign as Secretary (Title)
of_	ROSSIE- Mail Suply (Name of Corporation)
	P16 0000 8 = 397, a corporation organized under the laws of the State of
	(Document Pathoc), it known,
	Horida.
	(Lola .
	(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