

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

Office Use Only



300308528983

02/01/18--01020--006 \*\*35.00

R WHITE FEB 02 2018



## TRANSMITTAL LETTER

ï

již.

SUBJECT: Raphael Gomes Pereira Barbosa

(Name of Corporation)

DOCUMENT NUMBER: P16000084227

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Raphael Gomes Pereira Barbosa

(Name of Person)

N/A

(Name of Firm/Company)

3411 Willow Wood Road

(Address)

Lauderhill, FL 33319

(City/State and Zip Code)

For further information concerning this matter, please call:

Raphael Gomes Pereira Barbosa at (754 )399-6917 (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

4

TO:

Amendment Section

Division of Corporations

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Raphael Gomes Pereira Barbosa	, hereby resign as	PRESIDENT (Title)	
RAYU INTERNATIONAL			,
P16000084227  (Document Number, if known)		er the laws of the State	of
Florida			
(Signature o	MOTE Tresigning officer/director	r)	
FILING I	FEE IS \$35.00	हरू - - - - - - - - - - - - - - - - - - -	18 FEB -1

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

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