P17000090244

(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



500378303415

1 127/ 1 -01/22--005 **35.60



TRANSMITTAL LETTER

Division of Corporations SUBJECT: RUPALE INC 101 (Name of Corporation) DOCUMENT NUMBER: P17000090244 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SHAMIM, MOHAMMED (Name of Person) RUPALE INC 101 (Name of Firm/Company) 629 N RIDGEWOOD DR. (Address) SEBRING, FL 33870 (City/State and Zip Code) For further information concerning this matter, please call: MOHAMMED SHAMIM (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Amendment Section

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

MOHAMMED SHAMIM	VP, hereby resign as			
",	, no.ee) rang. as	(Title)	1	
RUPALE INC 101 of				
	ne of Corporation)			 '
P17000090244 (Document Number, if known)	, a corporation organized under the lav	vs of the St	ate of	
FLORIDA	 ·	13 H	2021 DEC 27	#* : :
	Ephdaug'		Pi 1: 35	
	(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