

P93000035375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

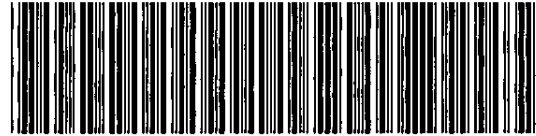
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** R. B. CARROLL, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** PA3000035375

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RONALD B CARROLL  
(Name of Person)

R. B. CARROLL, INC.  
(Name of Firm/Company)

8820 SW 155 TERR  
(Address)

MIAMI FL 33157  
(City/State and Zip Code)

For further information concerning this matter, please call:

DOUGLAS B. CARROLL at (805) 343-4242  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

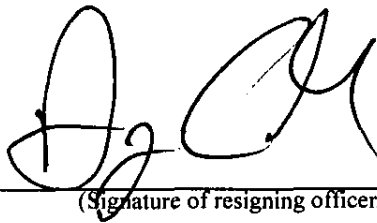
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, DOUGLAS B CARROLL, hereby resign as NICE PRESIDENT  
(Title)

of R.B. CARROLL, INC.  
(Name of Corporation)

PA3000035375, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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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DIVISION OF CORPORATIONS  
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