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(D.	equestor's Name)	
(Re	equestors Name)	
(Ad	ldress)	
(Ac	Idress)	
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PICK-UP	WAIT	MAIL
(Bt	siness Entity Name	e)
(20	iomoso Emily Mami	-,
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Randhar Inc. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
DOMINGO TONES
(Name of Person)  (Name of Firm/Company)
10900 NW 21 ST, Unit # 190
MbM, FL 33172 (City/State and Zip Code)
For further information concerning this matter, please call:
Rebina VISO at 305, 594-4488
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

J seed with

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

			(Title)
PANTHOR	IVC		
	(Name of Corpo	oration)	
(Document Number, if kn	, a cor	poration organized un	der the laws of the State of
-ORIDA	<i>,</i>		

(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