

P96000045978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

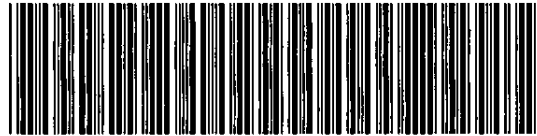
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 SEP 26 AM 10:37

FILED

O/D Resign.
10/7/08
JC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RHINOSHIELD INC

(Name of Corporation)

DOCUMENT NUMBER: P96000045978

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

Please return all correspondence concerning this matter to the following:

JOHN KELLY

(Name of Person)

KELLY & KELLY

(Name of Firm/Company)

3020 N FEDERAL HWY #11B

(Address)

FT LAUDERDALE FL 33306

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN KELLY

(Name of Person)

at (954) 561-0557

(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, MABEL ROSTANT, hereby resign as DIRECTOR
(Title)

of RHINOSHIELD, INC.
(Name of Corporation)

P96000045978, 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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