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(R	(equestor's Name)	
(A	ddress)	
	(ddress)	 -
,	,	
	N. 101-1-17:-18:	
(c	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(Document Number)	
,		
Certified Copies	Certificates of	Status
Certified Copies	Certificates of	Çiatus
Special Instructions t	o Filing Officer:	





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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: R.D.(USA, Iv.(. Name of Corporation) DOCUMENT NUMBER: POUD DOUG 5141
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
(Name of Person) (Name of Person) (Name of Firm/Company)
(Address) (inchaugh Ave
City/State and Zip Code)
For further information concerning this matter, please call: Color

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Billy Poulin	, hereby resign as V	ice President, Director
of R.D.CUSA	LnC. ue of Corporation)	,
(Document Number, if known) Floriva	a corporation organized under the	e laws of the State of
	M M	2018 S.T.
Bell	(Signature of resigning officer/director)	FILET STERRESSE
		R. F.

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