P97000001237

(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<i>→ #</i> }
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	ılv



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SECRETARY OF SAIL

OFF Reserve

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TRANSMITTAL LETTER

SUBJECT: ROB	ERTS FUNERAL SERVICE, INC.	
	(Name of Corporation)	
DOCUMENT NUMBER:	P97000001237	
The enclosed Officer/Director Re	esignation for a Corporation and fee are submitted for	or filing
Please return all correspondence	concerning this matter to the following:	
LEON M. ROBERTS		
(Name of P	erson)	
ROBERTS FUNERAL SER		
(Name of Firm/	(Company)	
7917 NW 7 COURT		
(Addres	ss)	si. T
PLANTATION, FL 3332 (City/State and	4-1464	
(City/State and	Zip Code)	
For further information concernit	ng this matter, please call:	
LEON M. ROBERTS (Name of Person)	at (954) 423-4228 (Area Code & Daytime Telephone No	umber)
	nade payable to the Florida Department of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	409 E. Gaines Street	
Tallahassee, FL 32314	Tallahassee, FL 32399	

Amendment Section Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

		PRESIDENT/DIRECTOR (Title)
of ROBERTS	FUNERAL SERVICE, INC. (Name of Corporation)	
P9700001237 (Document Number, if k	, a corporation organized un	der the laws of the State of
FLORIDA		*f%L

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

SECRETARY OF STATE ALLAHASSEF FICEUR.

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314