(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
. PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

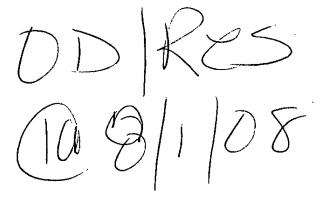
Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Rue Mase, Sue. (Name of Corporation)
DOC	ument number: <u>\$97000068699</u>
The er	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
<u>.</u>	Rhonda Hollanoen P.A. (Name of Person)
-	(Name of Firm/Company)
	1861 N. Federal Highway #191 (Address)
	Hollywood, Fla 33020 (City/State and Zip Code)
For fu	rther information concerning this matter, please call:
R	Chande, Hollander at (954) 927-7060 (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, WILLIAM O BRISBER	, hereby resign as	(Title)
of Rusa Pure (Name	of Corporation)	,
(Document Number, if known)	, a corporation organized under	the laws of the State of
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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