P98000057986

(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:		

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officer Resignation

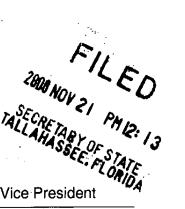
COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: R T SERVICES, INC.					
	(Name of Corporation)				
DOCUMENT NUMBER: P9800	0057986				
The enclosed Officer/Director Resignation	ation for a Corporation and fee are submitted for filing.				
Please return all correspondence conc	erning this matter to the following:				
MOLINARI, ARTHUR					
(Name of Person))				
R T SERVICES, INC.					
(Name of Firm/Com	pany)				
22135 BRADDOCK PL					
(Address)					
BOCA RATON FL 33428					
(City/State and Zip C	Code)				
For further information concerning this	is matter, please call:				
MOLINARI, ARTHUR	at (954) 347-2466 (Area Code & Daytime Telephone Number)				
(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for \$35.00 made p	payable to the Florida Department of State.				
Amendment Section Division of Corporations Clifton Building	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314				

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



MOLINARI, BETH	, hereby resign as	Director/Vice President	• 0)
*,	, notooy resign as_	(Title)	
of_ R T SERVICES, INC.			
	(Name of Corporation)		
P98000057986 (Document Number, if known)	, 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