## P9900110553

No Rottern address (Requestor's Name)					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Endry Marile)					
(Degree at Number)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
}					
<u></u>					

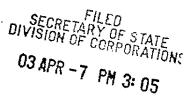
Office Use Only



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No resig



## OFFICER / DIRECTOR RESIGNATION

I, <u>Robert Ruiz</u>	, hereby resign as	Vice-President (Title)		<b>.</b> .
	al Supplies, Inc. Name of Corporation)		<i></i>	· ,
a corporation organized	under the laws of the State of_	Florida		<b>.</b>
and affirm that the corp	oration has been notified in writ	ing of the resignation		1 4 5 2 2 3 1
Witne	(Signature of resigning officer	/director)	* · · · · · · · · · · · · · · · · · · ·	

FILING FEE IS \$35,00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314