

S04698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

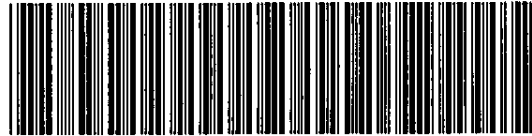
(Document Number)

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300219223953

*Resignation  
to officer*

02/09/12--01025--015 \*\*35.00

FILED  
2012 FEB -9 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*APR  
2/10/12*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** R. D. Graves Certified Builder, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** 504698

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

R. D. Graves

(Name of Person)

R. D. Graves Certified Builder, Inc.

(Name of Firm/Company)

495 Rocky Brook Court

(Address)

Casselberry, FL 32707

(City/State and Zip Code)

For further information concerning this matter, please call:

R. D. Graves

(Name of Person)

at (321) 229-0302

(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

FILED

2012 FEB -9 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Martha Graves, hereby resign as V-Pres/Secretary  
(Title)

of R. D. Graves Certified Builder, Inc.  
(Name of Corporation)

504698, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Martha Graves  
(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