513609

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

Office Use Only



700186342567

10/15/10--01003--014 **35.00

ZOUDOCT 15 MHII: 1.9
SECRETARY OF STATE

off. Resign.

TB

OCT 15 2010

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Purple Rose Inc (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Coleman Lindsey Bell (Name of Person)
Purple Rose, Inc (Name of Firm/Company)
(Name of Firm/Company)
(Name of Firm/Company) 305 Sweetwater Springs St. (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
C. Lindsey Bell at (305) 401 6874 (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

TALLAHASSEE. FLORIDA

I,	Lorraine Grefe	, hereby resign as	Divector (Title)
of	Purple Rose,	ne of Corporation)	
	513609 (Document Number, if known)	a corporation organized under th	ne laws of the State of
	Horida		

(Signature of fesignifig 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