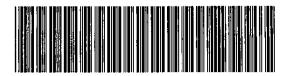
(Requestor's Name)
(Address)
(,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Codification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only

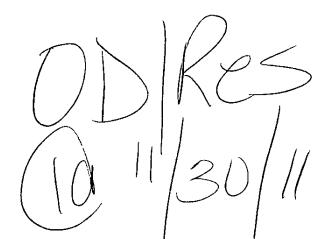


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SECRETARY OF STAIL
DIVISION OF CORPORATIONS



COVER LETTER

SUBJECT: ISLAMIC CENTER OF GUNN HWY, INC. (Name of Corporation)
DOCUMENT NUMBER: N980000 6860
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
QUAID M. NOOR (Name of Person)
ISLAMIC CENTER OF GUNN HWY, INC. (Name of Firm/Company)
4119 Gunn Hwy, Unit #27 (Address)
TAMPA, FL 33618-8797 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (\$13) 928-1823 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

... '>

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, SALIM Y. SORATHIA , hereby resign as PRESIDE	= NT
. (1.	itle)
of ISLAMIC CENTER OF GUNN HWY, INC. (Name of Corporation)	,
(Name of Corporation)	
N 98 00000 68 60 , a corporation organized under the laws of the (Document Number, if known)	State of
FLORIDA.	
	_
(Signature of resigning officer/director)	SECRETARE LARE LARE LARE LARE LARE LARE LARE L
FILING FEE IS \$35.00	TILLED TAIL STAIL ONS PHIZ: 56

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314