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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	MAIT	MAIL					
(Bu	siness Entity Nan	ne)					
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to	Filing Officer:						
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COVER LETTER

ΓO: Amendment Section Division of Corporations
SUBJECT: GIO APRESS INC
(Name of Corporation) DOCUMENT NUMBER: PO4000098909
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person) (Name of Firm/Company)
PO BOX 241 (Address)
Brandon ff 33509 (City/State and Zip Code)
For further information concerning this matter, please call: Glorbal Marking, 8/3, 407-2752
(Name of Person) (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

l,	Charles	A Decker	, hereby resign as	Dinctor		<u></u>
of	Gio	Ypress	Inc.	(Title)	,	,
P	04000989 ocument Number, if kn		ation) oration organized und	der the laws of the S	tate of	— ·
	R.da	·				
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		College of Signature of	of resigning officer/director	Or)	····· 1	DINI
				SSEE, FL	12 AH 10: 4	
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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