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EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: GR5 Logistics 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:
Sherry Sapp (Name of Person)
GRJ Logistics, Inc. (Name of Firm/Company)
P.O. Box 641 (Address)
Eggle Lake F1, 33839 (City/State and Zip Code)
For further information concerning this matter, please call:
Sherry Sapp at (863) 860-7000 (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

1. Sherry Sap	, hereby resign as	Oirector/t	residen?
of GRS Logist	C5, Inc.		,
P 0 8 0 0 0 0 9 0 5 9 9 (Document Number, if known)	_, a corporation organized unde	er the laws of the State of	
F(_•		
Shourd	ignalog of resigning officer/director	M OCT 17 AM & I	FILEB SECRETARY OF STAT NVISION OF CORPORATI

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