P08000100357

(Re	equestor's Name)	
·	,	
(Ac	idress)	
(Ac	ddress)	
, (Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

09 OCT -7 AMII: 02

To Kesign C.COULLIETTE

OCT 09 2009

EXAMINER

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Ginalsah Inc.
(Name of Corporation)
DOCUMENT NUMBER: P08000100357
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Giovanni Borace
(Name of Person)
Ginalsah Inc.
(Name of Firm/Company)
8745 SW 152 Ave. #213
(Address)
Miami, FL 33193
(City/State and Zip Code)
For further information concerning this matter, please call:
Giovanni Borace at (305) 282-4217 (Name of Person) (Area Code & Daytime Telephone Number)
(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

T Sarah Borace	, hereby resign as	Secretary	
1,		(Title)	
of Ginalsah Inc.			
(Na	me of Corporation)		
P08000100357 (Document Number, if known)	, a corporation organized un	der the laws of the State of	
(Document Number, it known)			
Florida			
<u>S</u>	(Signature of resigning officer/direct	19 OCT -7 AM II: 02 SECRET OF SIGNEDA WILLIAM SSEC. FLORIDA 1 6	

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