

P95000090497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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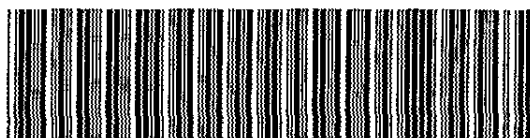
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GELCH TAYLOR GIULIANTI HODKIN KOPELOWITZ & OSTROW, P. A.  
(Name of Corporation)

**DOCUMENT NUMBER:** P95000090497

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEFFREY M. OSTROW, ESQ.  
(Name of Person)

GELCH TAYLOR GIULIANTI HODKIN KOPELOWITZ & OSTROW, P. A.  
(Name of Firm/Company)

350 E. LAS OLAS BLVD., STE. 1440  
(Address)

FORT LAUDERDALE, FLORIDA 33301  
(City/State and Zip Code)

For further information concerning this matter, please call:

JEFFREY M. OSTROW, ESQ. at ( 954 ) 525-4100  
(Name of Person) (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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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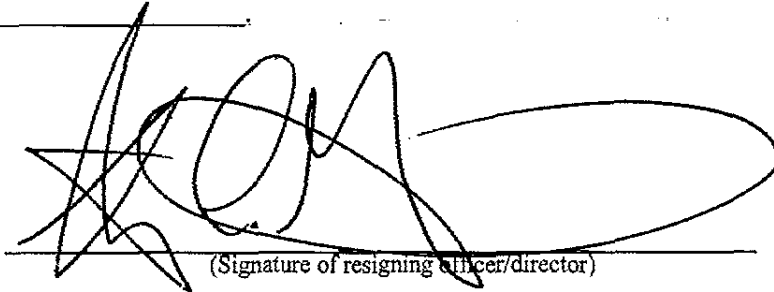
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, STACEY A. GIULIANTI, hereby resign as OFFICER/DIRECTOR  
(Title)

of GELCH TAYLOR GIULIANTI HODKIN KOPELOWITZ & OSTROW, P.A.  
(Name of Corporation)

P95000090497, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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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