	(Requestor's Name)
<del></del>	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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	Office Use Only
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	Office Use Only
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## **COVER LETTER**

SUBJECT: GILLIE 4 ASSOCIATES	Inc
(Name of Corporation)	
DOCUMENT NUMBER: P 970000 29271	<del></del>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted fo	r filing.
Please return all correspondence concerning this matter to the following:	
KOWIND GILLIE JOR (Name of Person)	
(Name of Person)	
GILLIE & ASSOCIATES INC (Name of Firm/Company)	
2204 TONI WOOD LO	
(Address)	
PALM HARBOR FL. 34685 (City/State and Zip Code)	
For further information concerning this matter, please call:	
KOWIND GILLIE R at (727) 785-6884 (Name of Person) (Area Code & Daytime Telephone Nu	mber)

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Street Address:
Amendment Section
Division of Corporations

Amendment Section Division of Corporations

TO:

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, LINDA D. GIUIE, hereby resign as VICE-PREST	<u>,06 NT</u>	<u>\</u> \$	ECRET	Ae
OF GILLIE & ASSOCIATES , INC.		,		
(Name of Corporation)  P 970000 2927   a corporation organized under the laws of the S  (Document Number, if known)	tate of			
FLORIDA.				
(Signature of resigning officer/director)	SECRE FARY OF STA	2009 MAY 11 AM 11:	41	

## **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