,	4676	- 1		
City Be		411	7006485	114
2081 Walnut Street • Jacksonville, Fl	P.O. Box 3236	·····	-07/18/02 *****35.00	01066005 *****35.00
	г	Office I	Jse Only	
CORPORATION NAME(S)	& DOCUMENT NUM	BER(S), (if knowr	ı); _	
1.				DIV
(Corporation Name)) (Di	ocument #)	·····	02 ISION
2			<u>.</u>	JUL OTHAT
(Corporation Name)) - · · · ()	ocument #)		8 PART
3.				- ORA
(Corporation Name)) (D	ocument #)		03
4		ocument #)		III .
(Corporation Name)		-		
Walk in Pick u	-		Certified Copy	
Mail out Will v	vait Photoco	ору ЦО	Certificate of Sta	tus
NEW FILINGS	AMEND	<u>MENTS</u>		
 Profit Not for Profit Limited Liability Domestication Other 	Resig	ndment mation of R.A., Off ge of Registered A lution/Withdrawal er		·r . A
		RATION/QUALI	FICATION	F _
OTHER FILINGS	<u>REGISTI</u>			
OTHER FILINGS Annual Report Fictitious Name	Foreig Limit	ed Partnership statement	$\partial D re$	sig.

,

.



- - - - -----

OFFICER / DIRECTOR RESIGNATION

Ι,_	Rachel B.	Chambless	, hereby resign <u>as_</u>	President	
_				(Title)	·
of_	Gate City	Bedding, Inc.	······································		<u>_</u> 3
		(Name of Corporation	n)		
a co	prporation organiz	zed under the laws of the State	of <u>Florida</u>		<u></u> ,
and	l affirm that the co	prporation has been notified in	writing of the resig	gnation.	
		Λ	~ 4		

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

CR2E044(9/98)