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(Re	questor's Name)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: PHASE Gre	Name of Corporation)
DOCUMENT NUMBER: <u>F//0</u> 00	002471
The enclosed Officer/Director Resignation fo	or a Corporation and fee are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
MARY ENGLIS (Name of Person)	H
ALL PHASE 7 (Name of Firm/Company)	Casc
506 FUNDER, (Address)	BURK AVE.
Houma, CA 70- (City/State and Zip Code)	364
For further information concerning this matter	er, please call:
Mary English (Name of Person)	at (985) 790-0826 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable	e to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Mary	English	hereby resign	as PRESI	OGルT (Title)	
of ALL	PHASE Gr (Name of Co	reen Inc orporation)			_,
F11'000 (Document N	00247/	corporation organized	under the laws o	of the State of	
FLORIC	A				
	Mai	Luglis	ک	2024 JUL 17 1	T;
	(Signa	dre of resigning officer/d	irector)	AM I	
				: 31 FALL ORIDA	

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