F15000003964

(Requestor's Na	ime)
(Address)	
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(Address)	
(City/State/Zip/F	Phone #)
PICK-UP WAI	T MAIL
(Business Entity	Name)
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Certified Copies Certifi	cates of Status
Special Instructions to Filing Officer	ri
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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: SGM CONSULTING GROUP, INC	C.
	(Name of Corporation)
DOCUMENT NUMBER: F15000003964	
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing
Please return all correspondence concerning	ng this matter to the following:
Rupa S. Lloyd, Esq.	
(Name of Person)	
GrayRobinson, P.A.	
(Name of Firm/Company)
720 SW 2nd Ave Suite106	
(Address)	
Gainesville, Florida, 32601	
(City/State and Zip Code)
For further information concerning this m	atter, please call:
Rupa S. Lloyd	at (352) 376-6485 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	ble to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

AARON TARAVELLA I,	CHAIRMAN, DIRECT, hereby resign as	
	(Titl	e)
and PRESIDENT, SECRETARY, TR	REASURER of SGM CONSULTING GROUP, INC.	
of(N	lame of Corporation)	
F15000003964	, a corporation organized under the laws of the	State of
(Document Number, if known)		
NEVADA		
<i>→</i>	(Signature of resigning officer/director)	**** *********************************
		; ;
	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