F41837

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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TRANSMITTAL LETTER

SUBJECT: GROWTH FUND PARTNER SHIP, INC. (Name of Corporation)
DOCUMENT NUMBER: F 47837
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JOSEAH R. RIZZUTI (Name of Person)
(Name of Person)
(Name of Firm/Company)
3/35 SW MAPP ROAD (Address)
(Address)
PARM CITY, FLORIDA 34990
(City/State and Zip Code)
For further information concerning this matter, please call:
SOSEPH R. R122UT1 at (772) Z87-5958 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

GROWTH P	(Name of Corporation)
F 47837 Document Number, if known	, a corporation organized under the laws of the State of own)
HORIDA	
	(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