N0300000652

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
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12/23/15--01008--017 **35.00



A RAMSEY

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Great Con	nmission Allian	ce, Inc
	(Name of Corpor	ration)
DOCUMENT NUMBER: NO	3000000652	
The enclosed Officer/Director R	esignation for a Corporation	n and fee are submitted for filing.
Please return all correspondence	concerning this matter to the	ne following:
Hans Laue		
(Name of l	Person)	-
(Name of Firm	/Company)	•
1518 NW 183rd T	errace	
(Addre	ess)	•
Pembroke Pines,		_
(City/State and	l Zip Code)	•
For further information concerns	ing this matter, please call:	
Hans Laue	_{at} 305	7981238 le & Daytime Telephone Number)
(Name of Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed is a check for \$35.00 r	nade payable to the Florida	Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporation 2661 Executive Cente	ons r Circle
Tallahassee FI 32314	Tallahassee FL 3230	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

15 DEC 23 PM 4: 39

ı, Frank Maiorana	, hereby resign as ALLIA STATE (Title)	
of Great Commissio		
•	ne of Corporation)	
N0300000652 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida	·	

(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