

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zip	o/Phone #)
PICK-UP W	AIT MAIL
(Business En	tity Name)
(Document Number)	
Certified Copies Cert	ificates of Status
Special Instructions to Filing Office	per:
	and the second s

Office Use Only

DD/Res (109.21.04



300079936263

09/20/06--01064--002 **105.00

06 SEP 20 TH 1:07

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Ted Bluckburn	, hereby resign as Dicoctor and Presiden +
GI	MEOWNER'S ASSOCIATION, INC.
N0400006086 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	<u> </u>
Yed Bl	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