

NUS 0000061616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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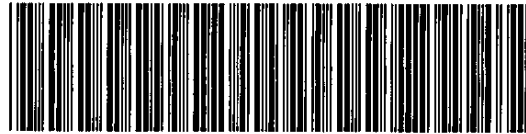
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PHH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GARY BOULANGER FUND INC.

(Name of Corporation)

DOCUMENT NUMBER: N05000001616

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAREN SHOBER

(Name of Person)

GARY BOULANGER FUND INC.

(Name of Firm/Company)

17853 NW 20 ST

(Address)

PEMBROKE PINES FLORIDA 33029

(City/State and Zip Code)

For further information concerning this matter, please call:

KAREN SHOBER

(Name of Person)

at (954) 981-1974

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, KAREN SHOBER, hereby resign as SECRETARY
(Title)

of GARY BOULANGER FUND INC.
(Name of Corporation)

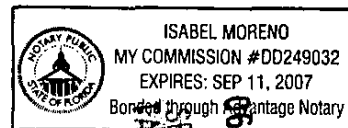
N05000001616, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FOR AN OATH OR AFFIRMATION:	
STATE OF FLORIDA	
COUNTY OF <u>Broward</u>	
Sworn to (or affirmed) and subscribed before me this <u>22nd</u> day of <u>09</u> , <u>2006</u> , by	
(NOTARY SEAL)	<u>Karen H. Shober</u>
Personally Known _____	OR Produced Identification <u>X</u>
Type of Identification Produced	<u>5160-508-50-530-0</u>
<u>F.I.D.L.-X</u>	

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

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TALLAHASSEE, FLORIDA