

ND 7000004370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

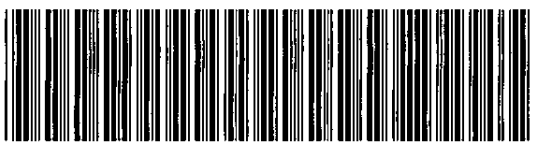
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GAME, SET, CURE, INC.
(Name of Corporation)

DOCUMENT NUMBER: N07000004370

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

Please return all correspondence concerning this matter to the following:

DIANE BROWARNIK

(Name of Person)

GAME, SET, CURE, INC.

(Name of Firm/Company)

2961 DAY AVENUE

(Address)

COCONUT GROVE, FLORIDA 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

MONIKA MARTINS

(Name of Person)

at (305) 598 7548

(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, MONIKA MARTINS, hereby resign as DIRECTOR
(Title)

of GAME, SET, CURE, INC.
(Name of Corporation)

N07000004370, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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