## 1/A700004370

| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer: | (Re                       | questor's Name)   |             |
|---|---------------------------|-------------------|-------------|
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  |                           |                   |             |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   | (Add                      | dress)            |             |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   |                           |                   |             |
| PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   | (Add                      | dress)            |             |
| PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   |                           |                   |             |
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| (Document Number)  Certified Copies Certificates of Status  | PICK-UP                   | WAIT .            | MAIL MAIL   |
| Certified Copies Certificates of Status   | (Bus                      | siness Entity Nar | ne)         |
|   | (Doc                      | cument Number)    |             |
| Special Instructions to Filing Officer:   | Certified Copies          | Certificates      | s of Status |
|   | Special Instructions to F | Filing Officer:   |             |
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Office Use Only

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SECRETARY OF STATE

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| 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:   |
| DIANE BROWARNIK at (35) 147498   |
| (Name of Person) (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 |

THE CALL STREET SECURITY AS WINDS

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, 1 seborat ( Jehnic) 10                       | WS-ChKIAAL, hereby resign as ANCON (Title)                            |
|---|---|
| $_{ m of}$ GAME, SET, CURE, INC                 |   |
|   | Name of Corporation)  |
| N0700004370 (Document Number, if known)  Fluida | , a corporation organized under the laws of the State of              |
|   | Chal Chahe Reservant SER 5  (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