N07000010737

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	· _
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only



000122283830

04/08/08--01032--019 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Granting Dreams The	rough Education, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: N070	00010737
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence con-	cerning this matter to the following:
Jeff Levine	
(Name of Perso	on)
(Name of Firm/Con	npany)
2240 Palm Beach Lakes Blvd. #-	400
(Address)	
West Palm Beach, FL 33409	·
(City/State and Zip	Code)
For further information concerning the	his matter, please call:
Jeff Levine	at (561) 689-4766
(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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Jeff Levine	, hereby resign as	
	(Title)	
of Granting Dreams Through Edu	cation, Inc.	,
N07000010737		
(Document Number, if known)	, a corporation organized under the laws of the State of	
Florida		
	•	
	mature of resigning officer/director)	
	SECO APR -8 LING FEE IS \$35.00	西岸田

Amendment Section Division of Corporations P.O. Box 6327

Make checks payable to Florida Department of State and mail to:

Tallahassee, Florida 32314