

NO9000007540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

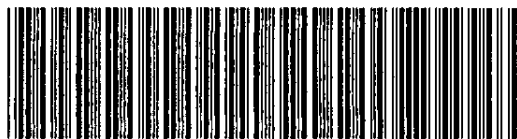
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

05/21/11 4/25/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gonave Vision Group, inc.
(Name of Corporation)

DOCUMENT NUMBER: NO9000007540

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

Please return all correspondence concerning this matter to the following:

Wendel Lumer
(Name of Person)

Gonave Vision Group, inc
(Name of Firm/Company)

48 North Kirkman Road #3
(Address)

Orlando, Florida 32811
(City/State and Zip Code)

For further information concerning this matter, please call:

Wendel Lumer at (407) 362-8837
(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

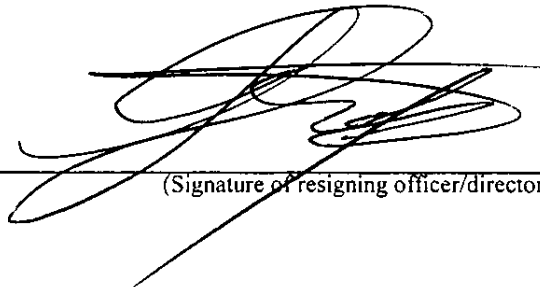
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, HUGUE DUVEILLAUME, hereby resign as AST. Treasurer
(Title)

of GOMARE VISION GROUP INC.
(Name of Corporation)

NO9000007540, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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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