

| (Requestor's Name) | |
|---|-------------|
| (Address) | |
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| (City/State/Zip/Phon | e #) |
| PICK-UP WAIT | MAIL |
| (Business Entity Na | me) |
| (Document Number) |) |
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| Special Instructions to Filing Officer: | |
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TRANSMITTAL LETTER

| SUBJECT: CGBC, INC (Name of Corporation) |
|---|
| DOCUMENT NUMBER: N1200005297 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| ILONA Warren (Name of Person) |
| CGBC INC. (Name of Firm/Company) |
| 9410 Historic Kings Road South |
| Jacksonville, Fl. 32257 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| 1 LONA Warren at (904) 598 - 7626 (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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E044 (03/12)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

J. 👡

TO: Amendment Section

Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, ILONA Warren | , hereby resign as President (Title) | | |
|---|---|--------|---|
| of CGBC INC | Name of Corporation) | | , |
| N12000005297 (Document Number, if known) | , a corporation organized under the laws of the Sta | ite of | |
| FlorIDA | · | | |
| Alona | (Signature of resigning officer/director) | | |
| | TALEAHA A | 13 MAR | |
| Maka chasks pays | FILING FEE IS \$35.00 | S # 8 | |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314