

N15.000001373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

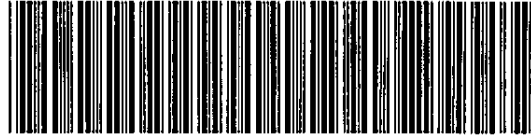
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2/24/17

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GAFBE - SFL INC

(Name of Corporation)

**DOCUMENT NUMBER:** N15000001373

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

Please return all correspondence concerning this matter to the following:

DANIELY LINS DA SILVA

(Name of Person)

GAFBE - SFL INC

(Name of Firm/Company)

8171 SEVERN DR SUITE B

(Address)

BOCA RATON, FL 33433

(City/State and Zip Code)

For further information concerning this matter, please call:

DANIELY LINS DA SILVA

954

627-2469

at ( )

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

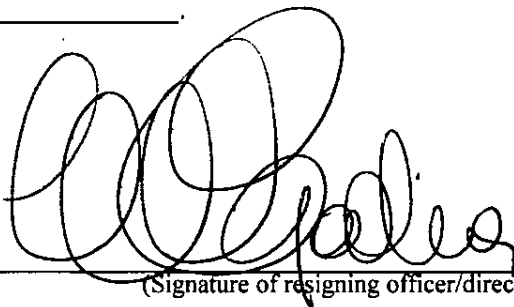
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, GRAZIELLA CORBELLINI GADIA, hereby resign as MARKET OFFICER  
(Title)

of GAFBE -SFL INC,  
(Name of Corporation)

N15000001373

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