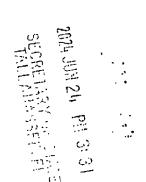
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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Gopher TORTOISE ALLIANCE INC (Name of Corporation)	-
DOCUMENT NUMBER: N 23 00000 2402	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fil	ing.
Please return all correspondence concerning this matter to the following:	
JOANN MC GKATH (Name of Person) GOPHER TORTOISE ALLIANCE INC	
GOPHER TORTOISE ALLIANCE INC (Name of Firm/Company)	
7945 134 th STKEET (Address)	2021 SF
SEBASTIAN, FLORIDA 32,958 (City/State and Zip Code)	JUN 24
For further information concerning this matter, please call:	温里温
JOHN MCGRATH at (772) 532 - 9811 (Area Code & Daytime Telephone Number	PH 3: 32

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

Mailing Address:

TO: Amendment Section

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I.	JOANN	HCGKATT	+	eby resign as	PRES	ident	
<i>,</i> —				i.		(Title)	
of	Gopher	e Torto	ise	ALLIAN	SE I	INC	
_	•	•	Corporation)				
<u> N</u>	23 00000 (Document Number,	3402 , a	corporation	n organized unde	er the laws o	of the State of	
	Floric						
				4	_		
		ban	x) Ma	Shatt, P.	resid	lent	
		(Signa	ature of resign	ing officer/director	7)	2021 SE	
						SALL ALL	"EE
						2024 JUN 24 PM SECRETARY OF TALL VARY SEE	. 15.554
							- (- %)
						二 岩岩 三字	لگے۔
		FIL	ING FEE I	S \$35.00		75 0	

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

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