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(Re	equestor's Name)	
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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SUCRETARY OF STATE

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COVER LETTER

Division of Corporations
SUBJECT: EMERALD GAST EVENTS COMMISSION, IX FD ID # 59 375 1033
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GEBALD E. LYNCH
(Name of Person)
N/A
(Name of Firm/Company)
1618 ISABELLA AVE
(Address)
PANAMA CITY FL 32401
(City/State and Zip Code)
For further information concerning this matter, please call:
GEPARD E LYNCH at (950) 784 9542 (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

	FOR THE
	GETALD E L'WCH, hereby resign as DIRECTOR
i,	(Title)
of_	EMERALD GAST EVENTS COMMISSION, INSTA
	, a corporation organized under the laws of the State of
	(Document Number, if known)
F	-LORIDA

(Signature of resigning officer/director)

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