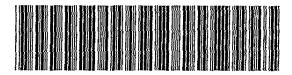
P00000086144

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



400039172304

(17/21/04--01013--005 **35.00

OD Resonty

OTDATO

TRANSMITTAL LETTER

SUBJECT: GMI PROFESSIONAL REENCES, INC. (Name of Corporation)
DOCUMENT NUMBER: PODDOODS6144
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBBET E. WHITING, DR.
(Name of Person)
GMI PROPESSIONAL SUBJECTS, INC
(Name of Firm/Company)
2416 SOUTH LAKE CLAUSE DRIVE - SUITE 140
ORUANOO, F. 32657 (City/State and Zip Code)
For further information concerning this matter, please call:
Raesez WHITING at (407) 948 6646 (Name of Person) (Area Code & Daytime Telephone Number)

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

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, KOBER E. WHIT	hereby resign as_	MICE PRESIDENT (Title)
of GMT PROFFIGUR	Name of Corporation)	
POSOSO 86144 (Document Number, if known)	, a corporation organized unde	er the laws of the State of
FLORIDA	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>	FIL SLUBLA A
	(Signature of resigning officer/director	RY OF
•		4: 30 STATE 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