

P00000086144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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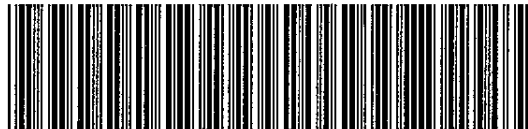
(Business Entity Name)

(Document Number)

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P00000086144
9-22-04
CM HMO

September 18, 2004

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

To whom it may concern,

Recently, as of last week, I was made aware that I was a director for GMI Professional Services, Inc. The document number is P00000086144 for reference purposes.

I am declining this appointment as director, as I had no prior knowledge of the appointment. Also, I had no activity nor authority as director. I had no control or responsibilities as director with this company.

I am sending the transmittal letter to the Amendment Section with enclosed check for \$35.00 in order to remove my name as director.

Thank you for your help concerning this matter.

Sincerely,



Cecil Whitlock
2876 Apollo Ct.
Oviedo, FL 32765
Phone-407-971-3968

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GMI Professional Services, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P00000086144

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

Please return all correspondence concerning this matter to the following:

Cecil Whitlock

(Name of Person)

(Name of Firm/Company)

2876 Apollo Court

(Address)

Oviedo, FL 32765

(City/State and Zip Code)

For further information concerning this matter, please call:

Cecil Whitlock

(Name of Person)

at (407) 948-6696

(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Cecil Whitlock, hereby resign as Director _____
(Title)

of GMI Professional Services, Inc. _____
(Name of Corporation)

P00000086144 _____, a corporation organized under the laws of the State of
(Document Number, if known)
Florida _____.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

FILED
04 SEP 22 AM 9:33
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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