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(Re	equestor's Name)	
(Ac	ddress)	_
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
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SECRETARY OF STAFE
TALLAHASSEF, FI ORIO

Offici Risign Cin Minphy 1/18/08 3 ---

COVER LETTER

TO:	Amendment Section			
	Division of Corporations			

SUBJECT:	e2	Growy	o Tuc
DOCUMENT NUMBER:	 -	FE1 7	651157963
The enclosed Officer/Director	Resignation 1	for a Corporation	and fee are submitted for filing
Please return all corresponden	ce concerning	this matter to the	e following:
Victoria (Name o	f Person)	ndan	<u> </u>
`	rm/Company)		
641 S. M. (Add	ICSN4	a Driv	e
Key Bisc (City/State a	nd Zip Code)	2, PL3	2415.
For further information concer	ning this mat	ter, please call:	
Whictoria La (Name of Person	ndan	at (<u>305</u>) (Area Code	36(-644) & 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

I,	Victoria London, hereby resign as Title)	
of	e2 Gray Inc. (Name of Corporation)	_•
	Polocoment Number, if known), a corporation organized under the laws of the State of	
	<u>Florida</u> .	
	Signature of resigning officer/director) NAN 14 PM 1: 53 (Signature of resigning officer/director)	FILED
	FILING FEE IS \$35.00	Ø)

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

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