## P01000108597

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





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11/10/05--01011--022 \*\*35.00

SECRETARY OF STATE.

officer Resignation

T BROWN NOV 1 0 2005

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB	JECT: GAR PROMOTIONS, INC
	(Name of Corporation)
DOC	UMENT NUMBER: P01000108597
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Luis	sa Inciarte
	(Name of Person)
GA	R PROMOTIONS, INC
	(Name of Firm/Company)
973	7 NW 41 ST. STE. # 340
***************************************	(Address)
MIA	MI, FLORIDA 33178
	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
Luis	a Inciarte at ( 786 ) 325-6513 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, AQUILES INCIARTE	, hereby resign as_	Secretary/Treasurer/Director
of_GAR PROMOTIONS, INC (Name of	f Corporation)	
PO1000108597 (Document Number, if known)	, a corporation organized un	der the laws of the State of
Florida	e.	
(Si <sub>1</sub>	gnaphre of resigning officer/direc	SECRETARY O TALLAHASSEE.

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