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(Requestor's Name)				
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DIVISION OF CURFCRATION

O3 MN 29 PM DI TALLAHASSEE, FLORIDA

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VALIDATION

Requestor's Name
Address
City State ZIP Phone

CORPORATION(S) NAME

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() Profit		<u> </u>		
() NonProfit	() Amendment		() Merger
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() Limited Partnership	() Annual Report		(Xother Resignation)
() Reinstatement	() Reservation		() Change of Registered Agent
() Certified Copy	() Photo Copies	=	() Certificate Under Seal
() Call When Ready () Walk in	(() Will Walt) Call If Problem	Pick Up	() After 4:30 (_) Mail Out
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Acknowledgment				
W.P. Verifier		_		

OFFICER / DIRECTOR RESIGNATION	
I, Gloria Alvarado, hereby resign as Vice	President Directo
of G & E Harvesting Inc. (Name of Corporation)	
a corporation organized under the laws of the State of Florida	
and affirm that the corporation has been notified in writing of the resignation.	
6111	

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314