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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: GALAD ENTERP	RISES, INC.
	(Name of Corporation)
DOCUMENT NUMBER: 22	2-3860490
The enclosed Officer/Director Re	esignation for a Corporation and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
HENRY AVENDANO	
(Name of F	'erson)
GALAD ENTERPRISES, INC	<b>)</b> .
(Name of Firm)	Company)
1316 CHENILLE CIR.	
(Addre	ss)
WESTON, FL 33327	
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
HENRY AVENDANO	at ( 954 ) 202-3860 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	ade 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

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, HENRY AVENDANO	, hereby resign as PRESIDENT
``,	(Title)
of GALAD ENTERPRISES, INC.	·
(Name	of Corporation)
22-3860490 (Document Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA	OS AUG IS PH I
yku (S	Signature of resigning officer/director)

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