P02000120319

(Rec	questor's Name)	
(Add	ress)	
(Add	Iress)	
(City	/State/Zip/Phone	e #)
, PICK-UP	WAIT	MAIL
': (Bus	iness Entity Nan	ne)
(Doo	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	



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SECKLIAK OF STATE AND AHASSEE, FLORIDA

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJE	ECT: GS Real Estate, Inc.
	(Name of Corporation)
DOCU	MENT NUMBER: P02000126319
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Ashra	af Boutros
	(Name of Person)
Total	Tax Solutions
	(Name of Firm/Company)
2100	East Sample Road, Suite 202
	(Address)
Light	house Point, FL 33064
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Ashra	af Boutros at (954) 946-4142
	(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Florida Statutes, the undersigned, Christian Corso			
	(Name of Registered Agent)		
hereby resigns as Registered Agent for	, GS Real Estate, Inc.		
norcoy resigns as registered rigoni to	(Name of Corporation)		
P02000126319			
(Document Number, if known)			
A copy of this resignation was mailed	to the above listed corporation at its last known address.		
The agency is terminated and the office this statement is filed.	ce discontinued on the 31st day after the date on which		
	le		
	Signature of Resigning Agent)		
If signing on behalf of an entity:			
If signing on behalf of an entity:	7 S.		
If signing on behalf of an entity:	OS HALL		
If signing on behalf of an entity:	(Typed or Printed Name)		

Fee for filing this document:

\$87.50 - Active corporation \$35.00.- Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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