## P02000126440

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	<u>, , ,,,, , , , , , , , , , , , , , , ,</u>
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
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Officer Resignation

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations				
OFFICER/ DIRECTOR RESIGNATION FOR A CORPORATION				
SUBJECT: (Name of Corporation)				
DOCUMENT NUMBER: P02000126440				
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
KENI CHOW				
(Name of Person)				
GRAND VIEW PALACE BUSINESS CENTER, INC.				
(Name of Firm/Company)				
7601 E. TREASURE DR. UNIT 15				
(Address)				
NORTH BAY VILLAGE, FL 331741				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
KENI CHOW af (305 ) 576 4727				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for \$35.00 made payable to the Florida Department of State.				
Mailing Address: Street Address: Amendment Section Amendment Section				
Division of Corporations Division of Corporations				
P.O. Box 6327 409 E. Gaines Street Tallahassee FI 32314 Tallahassee FI 32300				

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

OLAUG 20 PH 3: 20
PALLAFARY OF STATE OF TO STATE OF TO

KENI CHOW	hereby resign as_	PRESIDENT	
•	nercoy resign as_	(Tide)	
GRAND VIEW	PALACE BUSINESS CENTER	INC.	
	(Name of Corporation)	-	
P02000126440	a corporation organized und	ier the laws of the State of	
(Document Number, if know	vn)		
FLORIDA			
<del></del>	<del></del>		

(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