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| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | idress)            |             |
| (Ad                     | dress)             | <u></u>     |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL MAIL   |
| (Bu                     | siness Entity Nar  | ne)         |
|                         |                    |             |
| (Do                     | ocument Number)    | -           |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## TRANSMITTAL LETTER

| Division of Corporations   |           |
|--|-----------|
| SUBJECT: Gallery Services (wc (Name of Corporation)  |           |
| DOCUMENT NUMBER: PU 3 OU OS 2946   |           |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  |           |
| Please return all correspondence concerning this matter to the following:  |           |
| CRISTOFON Bennature Cong. (Name of Person)   |           |
| Bennaco & Bennaco (Name of Firm/Company)   | <b>-</b>  |
| 1860 NW And Aranne (Address)   | <b></b> - |
| Box Ration FL 33432 (City/State and Zip Code)  | ,         |
| For further information concerning this matter, please call:   |           |
| (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 SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 |           |

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, hours s weith            | , hereby resign as DIRECTOR (Title)                      |
|-----------------------------|--|
| of Gallery                  | Services fue of Corporation)                             |
| (Document Number, if known) | , a corporation organized under the laws of the State of |
| FLUCIPA_                    | <del></del>  |

Jours S Wetter (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 04 JUL Z& PM 2: 09 Selfatary of State Tallahassef, etoping

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