PO 3000124960

(Desugatoria Nassa)
(Requestor's Name)
(Address)
(Address)
(Address)
(nucleos)
(City/State/Zip/Phone #)
(only, out to 2, p.), the life in y
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300025886523

02/06/04--01060--003 **35.00



Off Resign /12/04

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporation	ons	
SUBJECT: G.C.R.M. Ente	rprise Inc.	
	(Name of Corporat	tion)
DOCUMENT NUMBER:	P03000124960	
The enclosed Officer/Director	Resignation for a Corporation	and fee are submitted for filing
Please return all corresponder	nce concerning this matter to the	following:
Gabriel Rodriguez		
(Name	of Person)	
G.C.R.M. Entrerprise Inc.		
(Name of F	irm/Company)	
8567 Coral Way #339		enter di ⊃
(Ad	dress)	हाँ कि भ ा च
Miami, Fl. 33155		
(City/State:	and Zip Code)	·
For further information conce	rning this matter, please call:	
Gabriel Rodriguez	at (3305)	793-4479 & Daytime Telephone Number)
(Name of Perso	on) (Area Code	& Daytime Telephone Number)
Enclosed is a check for \$35.0	0 made payable to the Florida D	Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporation: 409 E. Gaines Street Tallahassee, FL 32399	s

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

* "

L, Carmen Mendez	, hereby resign as Vice President		
		(Title)	
of_ G.C.R.M. Enterprise Inc.		-	
(Name	e of Corporation)		
P03000124960 (Document Number, if known)	_, a corporation organized under the laws of the State of		
Florida			
	11		
Carlier.	Signature of resigning officer/director)	OF FEB	
		FILED & 8:55 PEB-6 M 8:55 CRETARY OF STATE	
	FILING FEE IS \$35.00	ラボ ひ	

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

.