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off. Resign.
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COVER LETTER

Division of Corporations			
SUBJECT: GALA CAKE STUDIOS, INC. (Name of Corporation)			
DOCUMENT NUMBER: P04000 0 19317			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing			
Please return all correspondence concerning this matter to the following:			
Linda L. Sm Hh (Name of Person)			
GALA CAKE STUDIOS, INC. (Name of Firm/Company)			
501 Park St. N (Address)			
St Payers burg FL 33710 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Linda L Smth at (727) 793 0540 (Area Code & Daytime Telephone Number)			
Enclosed is a check for \$35.00 made payable to the Florida Department of State.			
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314			

Tallahassee, FL 32301

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



ĺ, _	Linda L Smith	, hereby resign as	(Title)			
of_		STUDIOS, INC.	,			
	(Name of Corporation)					
_	(Document Number, if known), a corporation organized under the laws of the State of					
	FLORIDA					

(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