## 74000044912

(Re	questor's Name)	<del></del>
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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09/03/04--01018--002 \*\*35.00



0/0 resign 1/5 1/10

## TRANSMITTAL LETTER

	Amendment Section Division of Corporations
SUBJE	CT:_GEMIK CORPORATION
	(Name of Corporation)
DOCU!	MENT NUMBER: P04000044912
The enc	losed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please r	eturn all correspondence concerning this matter to the following:
GUEC	OGUI KIROV
	(Name of Person)
GEMI	K CORPORATION
	(Name of Firm/Company)
8400 E	BYRON AVE. UNIT 4B
	(Address)
MIAMI	BEACH, FL 33141
	(City/State and Zip Code)
For furth	her information concerning this matter, please call:
GUEOI	RGUI KIROV at ( 305 ) 807-6754
	RGUI KIROV at (305) 807-6754  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed	d is a check for \$35.00 made payable to the Florida Department of State.
Amenda Division P.O. Box	Address: nent Section of Corporations x 6327 see, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION

FILED

OU SEP -3 PM 12: 57

SECRETARY OF STATE
FOR A CORPORATION

, hereby resign as
(Title)
poration)
orporation organized under the laws of the State of
are 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