40000 7725

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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12/16/11--01006--002 **35.00

off Res. TBrown 12-16-11

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Cock RS Investment Ire. (Name of Corporation)
DOCUMENT NUMBER: PO4000077258
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person) GC& PS Investment, Inc. (Name of Firm/Company)
1241 eluil Dinie Hijlman Bay 5 (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
Jewset. Lescu at (754) 201-1789 (Name of Person) (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
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, <u>(,</u> <u>,</u> <u>,</u> <u>, </u>	orge F. Co	ear.	, hereby resign	as Fre	Holiza (Title)	<u>.</u>
of	Gcg	Name of Corpora	edución)	Ive.		
POU	ument Number, if known	a corp	oration organized	under the laws	of the State of	
	· · · · · · · · · · · · · · · · · · ·	 •			2011 DEC SECRET	FI
٠					16 AMIII	LED
		(Signature o	f resigning officer/dia	rector)	- PRICE IS	

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