P05000058308

(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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10/08/07--01043--002 **35.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

APPROVED AND FILED

M Resign

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COVER LETTER

SUBJECT: GETSC! GOLP. (Name of Corporation) DOCUMENT NUMBER: P0500058308
(Name of Corporation)
DOCUMENT NUMBER: <u>P0500058308</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHRIS FIDNO LISBOR (Name of Person)
(Name of Firm/Company)
8551 NW 30th FEC. (Address)
DORAL FL 33122 (City/State and Zip Code)
For further information concerning this matter, please call:
CHUS LISBOD at (305) 229-9931 (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

Amendment Section

Division of Corporations

· TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	CHRIS +10NO	<u> と/SBOA</u> , hereby resign as	PRESIDENT
of	Amını		(Title)
	(Document Number, if known)	, a corporation organized unde	er the laws of the State of
	FLORIDA		

FILING FEE IS \$35.00

ure of resigning officer/director)

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

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

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