POS0006357/

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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by off

COVER LETTER

	idment Section ion of Corporations
SUBJECT:	G M MERCANTILE PA
Sebseci	(Name of Corporation)
DOCUMEN	T NUMBER: P05000063899
The enclosed	Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return	all correspondence concerning this matter to the following:
Lawrence S	Swan
	(Name of Person)
Caloosehat	tche Tax
	(Name of Firm/Company)
1008 N E 7	th Terrace
	(Address)
Cape Coral	l Florida 33909
	(City/State and Zip Code)
For further in	formation concerning this matter, please call:
Lawrence S	(Name of Person) at (239) 242-2402 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a	check for \$35.00 made payable to the Florida Department of State.
Street Addre Amendment S Division of Co Clifton Buildi 2661 Executiv Tallahassee F	Amendment Section orporations org Division of Corporations org Post Office Box 6327 ve Center Circle Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Jaime Christina Massa	hereby resign as Director	
"	(Title)	
of G M Mercantile PA		
(Name	of Corporation)	
P05000063899 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida		
_Grent,	Signature of resigning officer/director) TALLAND OF THE STATE OF	

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

FILING FEE IS \$35.00

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