P05000130091

(Requestor's Name)	
(Address)	
(Address)	
(/ (44:033)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
Galla	

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08/21/06--01003--001 **35.00

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
06 AUG 18 PM 4: 10

Old Resign.
08/18/06



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 24, 2006

STEVEN KESSLER GALLA INC 3413 HUNTINGTON PLACE DR. SARASOTA, FL 34237

SUBJECT: GALLA INC Ref. Number: P05000130091

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to resign as officer/director for a corporation is \$35 per person resigning.

PLEASE COMPLETE A RESIGNATION FORM FOR EACH PERSON RESIGNING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Document Specialist

Letter Number: 206A00046837

COVER LETTER

Division of Corporations
SUBJECT: GALLA, INC (Name of Corporation) DOCUMENT NUMBER: P05 000 (3009)
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Steven Kessler (Name of Person)
GALLA INC. (Name of Firm/Company)
3413 Huntington Place Dr (Address)
Sarasota FZ 34237 (City/State and Zip Code)
For further information concerning this matter, please call:
Steven Lesoler at (305) 303-2597 (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

Sharon Grad	, hereby resign as VP
4	(Title)
of GALLA INC. (Name of C	ornaration)
	or per actors,
Po 5000 (30091, a (Document Number, if known)	corporation organized under the laws of the State of
(Document Number, if known)	
- 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