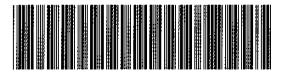
P05000132400

(Re	equestor's Name)	
(100	Adacator a Hame)	
	Idea a a \	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(,
(00	cument Number)	
(50	cument number)	
Continue Continu	O = .4(8) = .4	
Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer:	Ï





300102546283

06/05/07--01002--008 **35.00

O7 JUN -5 AN IO I SECRETARY OF STAT



COVER LETTER

Division of Corporations
SUBJECT: G & H INVESTMENT DEVL INC.
(Name of Corporation)
DOCUMENT NUMBER: P05000132400
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
WESLEY GRANT
(Name of Person)
G & H INVESTMENT DEVL INC.
(Name of Firm/Company)
190 IVES DAIRY RD, SUITE 204
(Address)
MIAMI, FL 33179
(City/State and Zip Code)
For further information concerning this matter, please call:
WESLEY GRANT at (305) 249-5779
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	607.0502(2), 617.0502(2), 607.1509,	or 617.15	09,	
Florida Statutes, the undersigned, HA	ARDY, WAYNE			
	(Name of Registered Agen	t)		
hereby resigns as Registered Agent for	G & H INVESTMENT DEVL INC	C.		
	(Name of Corporation)	· ·		
P05000132400				
(Document Number, if known)	·····			
A copy of this resignation was mailed to	o the above listed corporation at its l	ast known	addre	ess.
The agency is terminated and the office this statement is filed. (Signature)	discontinued on the 31st day after the	ne date on	which	1
If signing on behalf of an entity:		TAI SE	07	
	,	CRE	NOC	TI
	Typed or Printed Name)	ARY (-5	
		FIC	₽	Ö
, '	(Capacity)	ATE PRIDA	0 1 €	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314