## P05000156465

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Add	dress)	
(Ad	dress)	
	y/State/Zip/Phone #	MAIL MAIL
(Bu:	siness Entity Name	
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to I	Filing Officer:	





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Opp/RID Pereg

FILED

11 JUL 21 PH 3: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TR - 21/11

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	DECT: BZG, INCORPORATED
٠	(Name of Corporation)
DOC	UMENT NUMBER: P-05000156465
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
AVI	GOLDMAN
	(Name of Person)
BZG	S, INCORPORATED
	(Name of Firm/Company)
4934	4 SHERIDAN STREET
	(Address)
HOL	LYWOOD, FLORIDA 33021
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
AVI (	GOLDMAN at ( 954 ) 240-4149
	GOLDMAN at ( 954 ) 240-4149  (Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Clifto 2661 I	Mailing Address:  dment Section on of Corporations n Building Executive Center Circle assee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

11 JUL 21 PH 3: 39
PALLAHASSEE, FLORIDA

I. LUCY GOLDMAN	, hereby resign asPRES.	94		
	(Title)	<del></del>		
of BZG, INCORPORATED				
· · · · · · · · · · · · · · · · · · ·	(Name of Corporation)	,		
P-05000156465	, a corporation organized under the laws of the State o	, a corporation organized under the laws of the State of		
(Document Number, if known	1)			
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