

P06000009000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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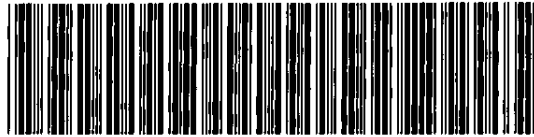
(Business Entity Name)

(Document Number)

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1-307

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GC4 ASSOCIATES, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000009000

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELIZABETH RAMIREZ  
(Name of Person)

GC4 ASSOCIATES, INC  
(Name of Firm/Company)

2540 SW 74 TERRACE  
(Address)

DAVIE, FL 33317  
(City/State and Zip Code)

For further information concerning this matter, please call:

LINA CARRILLO at ( 954 ) 232-6544  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
16 DEC 12 PM 4:55  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ELIZABETH RAMIREZ, hereby resign as SECRETARY  
(Title)

of GC4 ASSOCIATES, INC  
(Name of Corporation)

P06000009000, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

ELIZABETH RAMIREZ Digitally signed by ELIZABETH RAMIREZ  
Date: 2016.05.23 21:38:22 -04'00'  
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

**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