P06000090235

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

Office Use Only



500138352235

12/05/08--01011--014 **35.00

officer Resignation
TB 12-9-10

COVER LETTER

Division of Corporations
SUBJECT: GJVPA Investment (Name of Corporation)
DOCUMENT NUMBER: <u>P0600090235</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
George J. Vile (Name of Person)
George J. Vila P.A. (Name of Firm/Company)
100 Almeria Ave # 205 (Address)
Coral Gables, FL 33134 (City/State and Zip Code)
For further information concerning this matter, please call:
George Vila at (305) 445-2540 (Name of Person) at (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
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

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

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Carla L.	Vila, hereby	resign as Officer	Diarctor (Title)
of GJVPA	(Name of Corporation)	lnc.	,
P06 00009 (Document Number, if kr	0235, a corporation organism)	anized under the laws o	_
Florida			TALLAR TALLAR
			· 5 P
	(Signature of resigning of	fficer/director)	1 1:55 STATE 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