Po4000135149

(Req	uestor's Name)						
(Addi	ress)						
(Adda	ress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
. (Busi	ness Entity Nar	ne)					
(Doci	ument Number)						
Certified Copies	Certificates	of Status					
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SECRETARY OF STATE
AND ASSEE, FLORID





COVER LETTER

Division of Corporations
SUBJECT: 9 GNT Aluminum Product Inc (Name of Corporation) DOCUMENT NUMBER: PO6000135149
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
CNT Con Struction (Name of Firm/Company)
B362 Pines Blud Soite 183
Pembroke Pines F133024 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (305) 694-8890 (Area Code & Daytime Telephone Number)

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

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

CA+1392

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Nancy Turcotte, hereby resign as Direct	+V	}		
of	GNT Aluminum Production	t In	٠	,	•
	(Document Number, if known) (Document Number, if known)	of the S	state of		
	Florida.	. •	. च्या	-	o er bingag
	(Signature of resigning officer/director)	-1	SECRETARY OF SIAIS	07 AUG 20 PM 3: 27	FILED

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