

P070000035917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

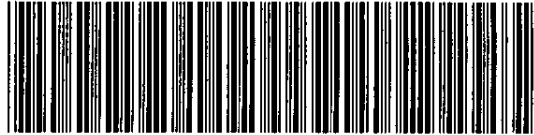
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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500136931765

*Resignation
to officer*

10/17/08--01029--003 **35.00

FILED

2008 OCT 17 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
10/21/08*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GALLY'S INC

(Name of Corporation)

DOCUMENT NUMBER: P07000035917

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

Please return all correspondence concerning this matter to the following:

Lawrence Swan

(Name of Person)

Caloosehatche Tax

(Name of Firm/Company)

709 Cape Coral Pkwy West

(Address)

Cape Coral FL 33914

(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence Swan

(Name of Person)

at (239) 540-2612

(Area Code & Daytime Telephone Number)

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

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2008 OCT 17 PM 4:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, POPE, SALLY J, hereby resign as President / Director
(Title)

of GALLY'S INC
(Name of Corporation)

P07000035917, a corporation organized under the laws of the State of
(Document Number, if known)

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