## P07000117808

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Considerations to Filling Officers	7
Special Instructions to Filing Officer:	
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SECRETARY OF STATE
AND AMASSEE, FLORID

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G. Coulifette JUL O 1 2008

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Gi/	Name of Corporation)
DOCUMENT NUMBER: P07	000 117 808
The enclosed Officer/Director Resignation for	or a Corporation and fee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
ROMANE DUYAND (Name of Person)	· ·
(Name of Firm Company)	· · · · · · · · · · · · · · · · · · ·
15212 Wilshire Cr. (Address)	
Pintroke Pines Florida (City/State and Zip Code)	3302-7
For further information concerning this matt	er, please call:
GilBert Henri (Name of Person)	at (954) \$12-2177 (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

I, Clovif Hibbert hereby resign as Sirector	
of Gillubi INC.  (Name of Corporation)	<u> </u>
Po700117 808, a corporation organized under the laws of the State of (Document Number, if known)	
(Signature of resigning officer/director)	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

SECRETARY OF STATE ALLAHASSEE, FLORIDA

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314