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Mylu Ben

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Zenn Healthcare	Inc.
	(Name of Corporation)
DOCUMENT NUMBER: PO	08000071029
The enclosed Officer/Director Re	esignation for a Corporation and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Mary Blazevich	
(Name of P	erson)
G & N Works Inc	
(Name of Firm/	Company)
5291 Shadowlawn Ave	
(Addres	rs)
Tampa, FL 33610	
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
Mary Blazevich	at (at (813
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	ade 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

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Jennifer McTigue	, hereby resign as Director, VPresident, Secreta (Title)
of Zenn Healthcare Inc • (Name o	f Corporation)
P08000071029 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	gnature 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