

A11000012185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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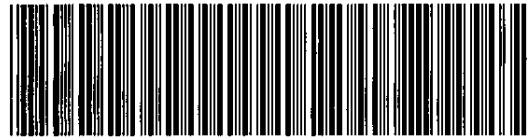
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Off Roseyn
Tlews
7-11-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GRAY ROSE INC
(Name of Corporation)

DOCUMENT NUMBER: P11000012185

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

Please return all correspondence concerning this matter to the following:

MURRAY ROSE

(Name of Person)

(Name of Firm/Company)

PO BOX 630096

(Address)

MIAMI, FL 33163

(City/State and Zip Code)

For further information concerning this matter, please call:

MURRAY ROSE

(Name of Person)

at (786) 294 4982

(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

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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

11 JUL -8 AM 9:06


SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, MURRAY ROSE, hereby resign as MANAGING MEMBER
(Title)

of GRAY ROSE INC
(Name of Corporation)

P11000012185, 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