

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





06/15/12--01022--013 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

			_
SUBJECT:	GALILED	HOSPITALI	TY GROUP, INC
		(Name of Corporation	1)
DOCUMENT NUM	BER:	12000047	529
The enclosed Officer/	Director Resignation	for a Corporation and	f fee are submitted for filing
Please return all corre	spondence concernin	g this matter to the fo	llowing:
CHRIST	(Name of Person)	n FFizé	
GALIL (No	ene of Firm/Company)	LIFT GEOUP,	(40
3360 F	(Address)	cue de	
SARAS (Ci	ty/State and Zip Code)	ON ZYZY O	
For further information	n concerning this ma	tter, please call:	
Chris G (Name	of Person)	at (941) (Area Code & I	957 - 8252 Daytime Telephone Number)
Enclosed is a check for	or \$35.00 made payab	le to the Florida Dep	artment of State.
Street Address: Amendment Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 3230	Amer ons Divis Post (Circle Tallal	ng Address: Indment Section It ion of Corporations Office Box 6327 Inassee, FL 32314	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Chad	Widenal, hereby resign as <u>Secretary</u> and Direct	0~
of GAL	(Name of Corporation)	
Pizoco 4702 (Document Number, if k		
FLORIDA	·	
	(Signature of resigning officer/director)	i e

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