(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
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(Document Number)					
Certified Copies	Certificates	s of Status			
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TRANSMITTAL LETTER

SUBJECT:	GATOR S	MOKES INC, (Name of Corpo	
	•	(Name of Corpo	ration)
DOCUMENT NUMBER	:P130	00057264	
The enclosed Officer/Direct	ctor Resignation	for a Corporatio	n and fee are submitted for filing
Please return all correspon	dence concernin	g this matter to t	he following:
WILLIAM ADA	MS		
(Nar	ne of Person)		_
ADAMS ACCOUN			
(Name o	f Firm/Company)	,	_
13100 PINE B	OROUGH LANE		
(Address)		
PALM BEACH GARDE	NS, FLORIDA,	33418	
(City/Sta	ite and Zip Code)		_
For further information con	ncerning this ma	tter, please call:	
WILLIAM ADAMS		at (561) 626–9096 le & Daytime Telephone Number)
(Name of Po	erson)	(Area Cod	le & Daytime Telephone Number)
Enclosed is a check for \$3.	5.00 made payab	ole to the Florida	Department of State.
Mailing Address:	Stree	et Address:	
Amendment Section Division of Corporations	Amer	ndment Section ion of Corporation	anc
P.O. Box 6327	2661	Executive Center	r Circle
Tallahassee, FL 32314	Talla	hassee, FL 3230	1

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	ROBIN RANDALL		, hereby resign as_	SECRETARY-DIRECTOR		
				(Title)		
of	GAT	OR SMOKES	INC.			
	(Nan	(Name of Corporation)				
	P13000057264 (Document Number, if known)	, a corporation organized under the laws of the State of				
	FLORIDA					

My Karaloul

(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