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

Office Use Only



700285539837

05/10/16--01016--022 **70.00

MAY 18 2016

ፈ. የሃብዛተፎ

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CZRYPHON PROJECT MANAGENENT, IN (Name of Corporation)
DOCUMENT NUMBER: \$\text{P13000100722}
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
ALER KOORBANOFF (Name of Person)
(Name of Firm/Company) 2681 LITTLE BOWD PL (Address) HERMIT SLAWD FL 32952 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (321) 5375190 (Area Code & Daytime Telephone Number) Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. ALEXANDER KOORBANOFF, hereby resign as PRESIDENT
(Title)
of GRYPHON PROJECT MANAGEMENT, INC. (Name of Corporation)
P13 800 10 0 722 a corporation organized under the laws of the State of (Document Number, if known)
——————————————————————————————————————
Martan
(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