## P15000036253

(Re	equestor's Name)			
(Ac	ddress)	<u>.                                    </u>		
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Bu	usiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Ghaida Sons Group Inc. (Name of Corporation)  DOCUMENT NUMBER: P1500006253
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ahmad Soud: (Name of Person)
Ghalda Sons Group Inc. (Name of Firm/Company)
13501 N. Florium Ave (Address)
Impa Fl 33613 (City/State and Zip Code)
For further information concerning this matter, please call:
Mohammed Sand; at (312) 469-3132  (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Ahmad	Saadi	, hereby resign as	Presiden (Title)	+
of Gha	ida Sons (Name o	Group, INC.	<u> </u>	,,
D15 () 0 () (Document Nu	) 0 6 2 5 3 mber, if known)	_ a corporation organized under	the laws of the Sta	ate of
Florida	<u> </u>	<u>-</u>		
	(Si	ignature of resigning officer/director)	<del>\</del>	2015 OCT -5 -1 3:

Make checks payable to Florida Department of State and mail to:

**FILING FEE IS \$35.00** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314