

15 00000 70750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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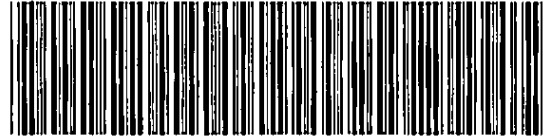
(Business Entity Name)

(Document Number)

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*APR 5 2021*

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GROUP PROJECT II INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P15000070750  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

APRIL CONDRON  
\_\_\_\_\_  
(Name of Person)

CAPE COD MGMT SVC INC  
\_\_\_\_\_  
(Name of Firm/Company)

314 NE 27TH ST  
\_\_\_\_\_  
(Address)

WILTON MANORS FL 33334-2020  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

APRIL CONDRON at (954) 630-8300  
\_\_\_\_\_  
(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

**Street Address:**

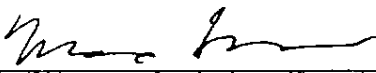
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MOHAMMAD AHSAN, hereby resign as SECRETARY  
(Title)

of GROUP PROJECT II INC  
(Name of Corporation)

P15000070750, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

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**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