

P94000051298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** G.E.A DIAGNOSTIC CENTER, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P94000051298

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

Please return all correspondence concerning this matter to the following:

**COLLEEN AJRAM**

(Name of Person)

G.E.A. DIAGNOSTIC CENTER, INC. DBA G.E.A AUTO SALES

(Name of Firm/Company)

**101 FLORIDA PARK DR.**

(Address)

**PALM COAST, FL 32137**

(City/State and Zip Code)

For further information concerning this matter, please call:

**GHASSAN AJRAM** at **386 931-6593**  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

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DIVISION OF CORPORATIONS

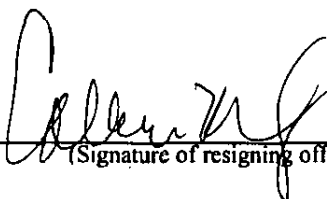
2017 FEB -6 AM 7:16

I, COLLEEN AJRAM, hereby resign as SECRETARY  
(Title)

of G.E.A. DIAGNOSTIC CENTER, INC.  
(Name of Corporation)

P94000051298, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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