## 194-000070335

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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MMO/17/03

## TRANSMITTAL LETTER

TO: Amendment Section							
Division of Corporations							
	_						
SUBJECT: George & Son Distributors, INC.							
DOCUMENT NUMBER: P94000070339							
DOCUMENT NUMBER.	, 1 94000020339		<u>*</u>				
The enclosed Officer/Director Resfiling. Please return all correspond	_	•					
Emir Aja			æ-^				
(Name of Person)							
George & Son							
(Name of Firm/Company	)						
1272 Control Florido Phys			-				
1273 Central Florida Pkw (Address)	<u> </u>		_,				
(11401000)							
Orlando, FL 32837	 	were sure to	<del>-</del>				
(City/State and Zip Code)							
For further information concerning	g this matter, pleas	se call:					
Emir Aja at	( 407_)	859-2180					
(Name of Person)	(Area Code &	Daytime Telephon	e Number)				
Enclosed is a check for \$35.00 ma	de payable to the	Florida Departmen	l of State.				
Mailing Address:	. =	Street Address:					
Amendment Section		Amendment Section					
Division of Corporations		Division of Corpor					
P.O. Box 6327 Tallahassee, FL 32314	_	409 E. Gaines Stre Tallahassee, FL 32					
rananassee, FL 32314		rananassee, I'L 32	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Jorge Aja	, hereby resign a	s <u>Director</u> (Title)	
of		& Son Distributors me of Corporation)	, INC,	·
(Do	P94000070339 , a concument Number, if known)	orporation organized	d under the laws of	the State of
<u> </u>	Florida .	<b>*</b>		
		/	$\bigcap$	

(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

FILED
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