## P99000096387

| (Requ                                   | uestor's Name) |             |  |
|---|----------------|-------------|--|
| (Addi                                   | ess)           |             |  |
| (Addı                                   | ress)          |             |  |
| (City/                                  | State/Zip/Phon | ne #)       |  |
| PICK-UP                                 | WAIT           | MAIL        |  |
| (Busi                                   | ness Entity Na | me)         |  |
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SECRETARY OF STATE ALLAHASSEF, FLORIA

C. LEWIS

OCT 3 0 2013

EXAMINER



999 Ponce De Leon Boulevard • Suite 555 Coral Gables, Florida 33134 Telephone 305-445-2727 • Telefax 305-445-5930 Broward 954-389-8757

Steven L. Miller Eli Kaplan Virna V. Roa

ekaplan@kaplanandmiller.com

October 22, 2013

Florida Department of State Amended Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Armando Gonzalez, Director

Goar Corp.

Document NO.: P99000096387

Dear Sir or Madame:

Enclosed please find duly executed Office/Director Resignation for a Corporation form along with check no. 20600 in the amount of \$35.00 for the filing fee.

Thank you.

Sincerely

ELI KAPLAN

EK/ig Encl.

APPROVEG AND FILED

13 OCT 24 AM 10: 03

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION SECRETARY OF STATE TALL AHASSEE, FLORIBA

| ARMANDO GONZALEZ                                | hereby resign as  | DIRECTOR |
|---|---|----------|
|   |   | (Title)  |
| GOAR CORP.                                      |   |          |
|   | ne of Corporation)  |          |
| <b>P99000096387</b> (Document Number, if known) | _, a corporation organized under the laws of the State of |          |
| FLORIDA   |   |          |
|   | <del></del> ·   |          |
|   |   |          |
|   |   | 7        |

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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