V42083

(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
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(Ad	ldress)	
(Cit	y/State/Zip/Phon	e #)
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Special Instructions to	Filing Officer:	
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REPARY OF SHAPE PLOPION CONTINUE PLANTSSEE FLORION 19/11/08

COVER LETTER

Amendment Section Division of Corporations

TO:

CDEAT OAKS MA	NACEMENT INC
SUBJECT: GREAT OAKS MA	(Name of Corporation)
DOCUMENT NUMBER: V4	2083
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing
Please return all correspondence c	oncerning this matter to the following:
Lynne E. Blow	
(Name of Pe	rson)
(Name of Firm/C	Company)
100 Santa Monica Ave.	
(Address	(1)
Saint Augustine, Florida 3208	0-5417
(City/State and 2	ip Code)
For further information concerning	g this matter, please call:
Lynne E. Blow	at (904 \ 710-2655
(Name of Person)	at (904) 710-2655 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Lynne E. Blow	hereby resign as PD		
7	(Title)		
of GREAT OAKS MANAGEME	NT, INC.		
(Nam	e of Corporation)		
V42083 (Document Number, if known)	, a corporation organized under the laws of the State of		
Florida	_		
The	(Signature of resigning officer/director) ANSE ANS OF SIDE ANS SEF FLORE (Signature of resigning officer/director)		

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