

PO600020912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

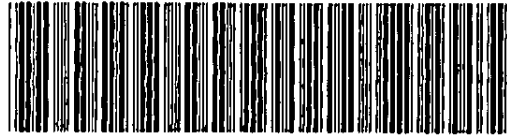
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05/27/08--01018--001 \*\*25.00

05/13/08--01003--022 \*\*62.50

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08 MAY 27 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OLD Res -  
SP  
6/19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 2, 2008

CRYSTAL MORRELL  
1840 OLEANS DR., APT. D  
INDIALANTIC, FL 32903

SUBJECT: LALIQUE DAY SPA AND TREATMENT CENTER, INC.  
Ref. Number: P06000020912

*paid V# 555*

We have received your document for LALIQUE DAY SPA AND TREATMENT CENTER, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$62.50 is due.

*paid*

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

THE 2008 ANNUAL REPORT CHANGED THE REGISTERED AGENT TO EDWIN HAYES. IF THIS IS ENOUGH PROOF FOR YOU, THE RESIGNATION NEED NOT BE FILED.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 908A00034242

RECEIVED  
2008 JUN 12 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*\$87.50  
paid 6/7/08  
V# 558*

Faxed 6/19/08

Florida Department of State

Att: Susan Payne

REF. Number: P06000020912


FAX: 850-245-6897

June 18, 2008.

To whom it may concern,

Please consider this a formal request to resign Crystal Morrell as an officer from Lalique Day Spa and Treatment Center, <sup>INC.</sup> Tax ID: 20-4281570. Please send a formal letter confirming I am no longer an officer of the company. I would request the letter to be back dated to May 27<sup>th</sup> when it was originally requested. Please Fax ASAP to 321-952-3073. Please mail a copy of the letter and any overpayment to 1840 Orleans Drive Apt D Indialantic, FL 32903.

Thank you for your time and assistance in this matter,



Crystal Morrell

1840 Orleans Drive Apt. D Indialantic, FL 32903 FAX 321-952-3073

FILED  
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TALLAHASSEE, FLORIDA