

P08000083297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

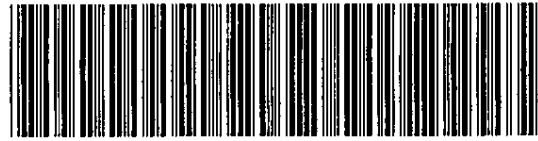
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Sub Back Info on how to
Resign as Agent

Office Use Only



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03/23/12--01009--026 **35.00

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12 MAR 23 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 26 2012
C. MUSTAIN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stephanie A. Stover MD PA
(Name of Corporation)

DOCUMENT NUMBER: P08000083297

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

Please return all correspondence concerning this matter to the following:

Stephanie A. Stover MD
(Name of Person)

Pierini Esthetic Surgery
(Name of Firm/Company)

8353 NW 36th St
(Address)

Miami FL. 33166
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie A Stover MD at (305) 303-3872 (work)
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made 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

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TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

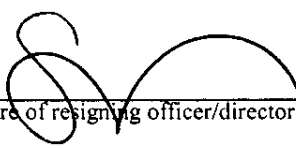
- 1. President
- 2. Secretary
- 3. Director

I, Stephanie A Storer MD, hereby resign as _____ (Title)

of Stephanie A. Storer MD PA (Name of Corporation)

P08000083297, a corporation organized under the laws of the State of FLORIDA
(Document Number, if known)

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TALLAHASSEE, 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