(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:	





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01/28/13--01017--021 \*\*35.00

## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

<sub>SUBJECT:</sub> ALICIA SHOES INC.

(Name of Corporation)

DOCUMENT NUMBER: 588742

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

Please return all correspondence concerning this matter to the following:

MARISOL BROOKS

(Name of Person)

MTA & ASSOCIATES

(Name of Firm/Company)

7975 NW 154 ST. STE 430

(Address)

MIAMI LAKES, FL. 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

MARISOL BROOKS

<sub>at</sub> (305 \ 827-6088

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:** 

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>I,</sub> REINA RUIZ	, hereby resign as SD
	(Title)
of ALICIA SHOES IN	C.
(Nan	ne of Corporation)
588742	, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	

(Signature of resigning officer/director)

SECRETARY OF STATEMES OF CORPORATIONS

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

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