KD4881

(*	
1	(Requestor's Name)
tr	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
·	
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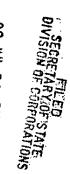
Office Use Only



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DDRES 008/4/08

COVER LETTER

Division of Corporations
SUBJECT: TOP SHOP INC. (Name of Corporation)
DOCUMENT NUMBER: K 04881
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
8745 SW 136 ST. MIAMI, FL. 33176 (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 772 2705 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

1

TO: Amendment Section

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

I,	FELIPE	WILLIAMS	, hereby resign as	DIRECTOR (Title)	·
of	TOP S	HOP INC. (Name of Corpor	ration)		,
	(Document Number, if	, a cor	poration organized und	er the laws of the State of	
	LORIOA	·	·		
		{ /	of resigning officer/director	or)	
				08	<u>≲</u>

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 .