

NO6000012125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

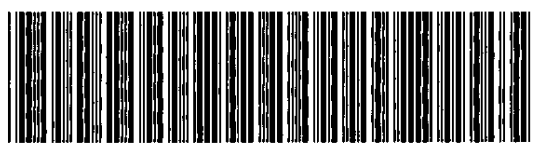
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900297833229

04/20/17--01023--015 **105.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR 21 PM 3:38

APR 21 2017
D CUSHING

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: No More Tears, Inc.
(Name of Corporation)

DOCUMENT NUMBER: NO6000012125

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Somy Ali
(Name of Person)

No More Tears, Inc.
(Name of Firm/Company)

6815 Biscayne Blvd S 103-388
(Address)

Miami, FL 33138
(City/State and Zip Code)

For further information concerning this matter, please call:

Somy Ali at (954) 494 3657
(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
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR 21 PM 3:38

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michael Ryan, hereby resign as Director as of June 12, 2012
(Title)

of NO MORE TEARS, INC.
(Name of Corporation)

NO6000012125, a corporation organized under the laws of the State of
(Document Number, if known)
Florida



(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR 21 PM 3:38

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