

N06000012799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

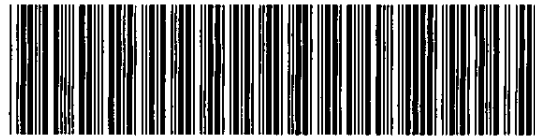
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600121811156

04/02/08--01011--009 **35.00

FILED

08 APR -2 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0125
4-7-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: My Beloved's House, Inc.

(Name of Corporation)

DOCUMENT NUMBER:

NO 0000 12799

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

Please return all correspondence concerning this matter to the following:

Donna LeVasseur

(Name of Person)

My Beloved's House

(Name of Firm/Company)

P. O. Box 694251

(Address)

Miami, FL 33269

(City/State and Zip Code)

For further information concerning this matter, please call:

Donna LeVasseur

(Name of Person)

at (305) 761-2951

(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

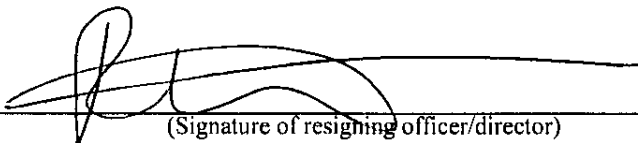
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Regine Monestime, hereby resign as Treasurer
(Title)

of My Beloved's House, Inc.
(Name of Corporation)

NO6000012799, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
08 APR -2 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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