N14000005151

(Ke	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
_	_	_
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to Filing Officer:		

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SECRE JARY OF STATE
TALL APASSEE, FLORID
15 FER 20 PM 2: 32

FEB 2 5 2015 T. CARTER

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: DE Cocolooks Creso Inc. (Name of Corporation)			
DOCUMENT NUMBER: NILLOOOO 5151			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Samantha Sootral (Name of Person)			
(Name of Firm/Company)			
(Address)			
Tamarac & (City/State and Zip Code)			
For further information concerning this matter, please call:			
Samantha Soukray at (754) 551-472. (Name of Person) at (754) 651-472. (Area Code & Daytime Telephone Number)			
Enclosed is a check for \$35.00 made payable to the Florida Department of State.			
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301			

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 FEB 20 PM 2: 32

1, Harrinath Sook	hereby res	ign as		
)	(Title)		
of De Cocolooks Crew" Inc.				
(Na	me of Corporation)			
(Document Number, if known)	, a corporation organi	zed under the laws of the State of		
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