## 1500003649

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>=</del> #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer.	

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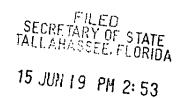
SECRETARY OF STATE
TALLATASSECTION ORIDA

## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations		
SUBJI	ECT: LALA'S HOU	JSE, INC.	ation)
DOCU	UMENT NUMBER: N1500	0003649	
The en	nclosed Officer/Director Resig	gnation for a Corporation	n and fee are submitted for filing.
Please	return all correspondence cor	ncerning this matter to th	ne following:
Bre	tt M. Rosen		
	(Name of Person	on)	
	(Name of Firm/Co	mpany)	
111	1 Brickell Ave. S	STE #2180	
	(Address)		
Mia	mi, FL 33131		
	(City/State and Zip	Code)	
For fur	rther information concerning t	this matter, please call:	
Cat	herine Daniels	at (_305	374-4200 e & Daytime Telephone Number)
	(Name of Person)	(Area Cod	& Daytime Telephone Number)
Enclos	sed is a check for \$35.00 made	e payable to the Florida	Department of State.
Ameno Divisio P.O. B	ng Address: Idment Section on of Corporations tox 6327 assee, FL 32314	Street Address: Amendment Section Division of Corporatio 2661 Executive Center Tallahassee, FL 32301	Circle

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, Brett M. Rosen , hereby resign as Vice President (Title)

of LALA'S HOUSE, INC.

(Name of Corporation)

N15000003649

(Document Number, if known)

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