

P00 000049214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

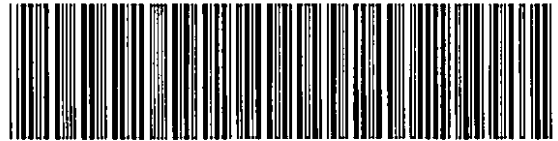
(Business Entity Name)

(Document Number)

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05/08/20--01004--008 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

2020 MAY -8 AM 8:25

FILED

am  
5/29/20

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

NICOLETTE FASHIONS INC

**SUBJECT:** \_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_  
P00000049214

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

Please return all correspondence concerning this matter to the following:

Rivka Cohen  
(Name of Person)

Nicolette Fashions  
(Name of Firm/Company)

18671 Collins Avenue # 702  
(Address)

Sunny Isles, FL 33160  
(City/State and Zip Code)

For further information concerning this matter, please call:

David Cohen 786 200 7615  
313 at (\_\_\_\_\_) \_\_\_\_\_  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION**  
**FOR A CORPORATION**

**FILED**

2020 MAY -8 AM 8: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

David Cohen

DSVP

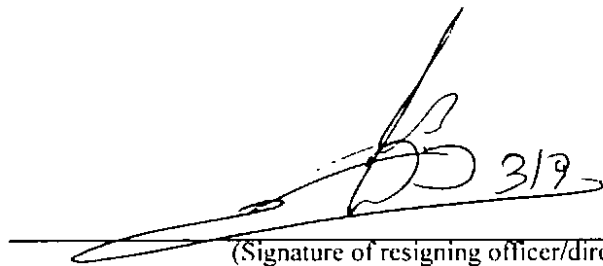
I, \_\_\_\_\_, hereby resign as \_\_\_\_\_  
(Title)

P00000049214

of \_\_\_\_\_  
(Name of Corporation)

NICOLETTE FASHIONS INC

\_\_\_\_\_, a corporation organized under the laws of the State of  
(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