

P01000003722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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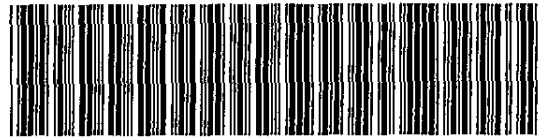
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Aventura Beauty Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 901000003772

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

Please return all correspondence concerning this matter to the following:

Dana Welch
(Name of Person)

Aventura Beauty Center, Inc.
(Name of Firm/Company)

18351 N.E. 19th Ave.
(Address)

N.M.B. FL 33179
(City/State and Zip Code)

For further information concerning this matter, please call:

Dana Welch at (954) 328-4335
(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
409 E. Gaines Street
Tallahassee, FL 32399

UPS

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Isa Welch, hereby resign as Secretary
(Title)
of Aventura Beauty Center, Inc.
(Name of Corporation)
PD1000003772, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Isa Welch
(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

UPS Address:

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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