P02000047763

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
Ų		
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(D)	odnosa Entire Na	
(Bl	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
		
Special Instructions to	Filing Officer:	
		į
` 		

Office Use Only



300251004773

08/26/13--01019--011 **35.00

13 AUG 26 PM 4: 03
SECRETARY OF STATE

C. LEWIS

AUG 2 8 2013

EXAMINER

TRANSMITTAL LETTER

SUBJECT: Cosmetica Image Inc (Name of Corporation)
DOCUMENT NUMBER: PO200047763
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Caudio Mario Russo (Name of Person)
Silvas Financias Services Lie
(Name of Firm/Company) 5220 S. Unwersity Dr. Scrite C-10Z (Address)
Davie Fl 33328 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Nancy	Mai	1er	_, hereby resign	n as	Vice	Pus (Title)	idei	at
of	1	etica	\mathcal{I}	mage	I	~	(Title)		_•
2	02000	204770	ne of Corporal	oration organized	d under	the laws of	the State o	of	
7	(Document Number	r, ii kiiowii)	·						
							TAL SE	1. W	
			(Signature of	resigning officer	durector)		CRETASS LAHASS	13 AUG 26	TET
							EE. FLOR	PM 4: 03	O
			FILING I	FEE IS \$35.00			A B A	ြို	

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314