

P02000112933

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

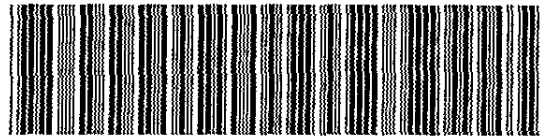
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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PERFECT MOMENT DAY SPA, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000112933

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

Please return all correspondence concerning this matter to the following:

OMARCIA L. ARCIA

(Name of Person)

PERFECT MOMENT DAY SPA, INC.

(Name of Firm/Company)

5258 S.W. 8TH STREET

(Address)

CORAL GABLES, FLORIDA 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

OMARCIA L. ARCIA

(Name of Person)

at ( 305 ) 448-1418

(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

FILED  
03 JUN 16 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ORISTILIA ORIHUELA, hereby resign as VICE-PRESIDENT  
(Title)

of PERFECT MOMENT DAY SPA, INC.  
(Name of Corporation)

P02000112933, 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

*check # 1579*

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

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

FILED  
03 JUN 16 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA