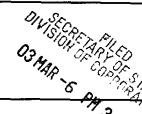
P0300017823



(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	<u> </u>
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Faces of Gaines ville Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>PO300017823</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Doug Harven (Name of Person)
(Name of Firm/Company)
35275W 20 33 ove. Apt 435 (Address)
Garnesville, FL 32607 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (352 8)1-2>17 (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

DIVISION OF CORPORATIONS

03 MAR -6 PM 3: LA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Dove los Harvey	_, hereby resign as
7	(Title)
of Faces of Garnesville (Name of Corporal	inc.
(Document Number, if known), a corpo	oration organized under the laws of the State of
Florion	
	>
(Sign) ture o	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