P03000046256

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Coples	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

\$35



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DID Per.

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Favrile STORE, INC. (Name of Corporation)
DOCUMENT NUMBER: P03000046256
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Eliska LE16H Been (Name of Person)
(Name of Firm/Company)
2615 N.W. 67th TERRACE (Address)
Cainesville, Florida 32606 (City/State and Zip Code)
For further information concerning this matter, please call:
Eliska Leigh Been at (352) 283-0760 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Eliska Le16H	Been	, hereby resign as	Director_		
,,		, ,	(Tit	ile)	
of Faurile STO	RE, INC. (Name of Corpor	ation)			,
P030000462516 (Document Number, if	, a corp	poration organized und	er the laws of the	State of	
Florida		e de la companya de			-
	Elaka H (Signature	Nesh Bean officer/director	r)	OG JAN I AM II: LE SECRE JAR OF STATE	
	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