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(Re	equestor's Name)	100000000000000000000000000000000000000		
(Address)				
(Ac	idress)			
(Ći	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Oficer Resignation

Office Use Only

TRANSMITTAL LETTER

	Amendment Section Division of Corporations
SUBJE	CT: Soulmates Forever Inc
	(Name of Corporation)
DOCU	MENT NUMBER:
The enc	losed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please r	eturn all correspondence concerning this matter to the following:
Nicole	Lee Capobianco
	(Name of Person)
Soulm	nates Forever Inc
	(Name of Firm/Company)
1707 9	S.E. Van Loon Terrace
	(Address)
Cape	Coral Florida 33990
	(City/State and Zip Code)
For furth	her information concerning this matter, please call:
Lawrer	(Name of Person) at (239) 242 2402 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed	d is a check for \$35.00 made payable to the Florida Department of State.
Amenda Division P.O. Box	Address: Inent Section In of Corporations In 6327 In See, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Nicole Lee Capobianco	, hereby resign as Pr	resident
"		(Title)
Soulmate Forever Inc		
(Name of Corpo	ation)	
(Document Number, if known)	poration organized under	the laws of the State of
-		
Nicole La (Signature	Opolyanco 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