P300082097

(Requestor's Name)
(Address)
(Address)
-
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only

10 8900



800137128178

10/24/08--01004--007 **35.00

SEGRETARY OF STATE

MULI 24 AN 6: 20

AM OCT 24 AM 8: 2

COVER LETTER

Division of Corporations
SUBJECT: FINULISS SKIN (Are, Inc. (Name of Corporation) DOCUMENT NUMBER: P0300082099
DOCUMENT NUMBER: / 030000000000000000000000000000000000
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Irin Annunick (Name of Person)
LAW Office of Fram Granzicta, P.A. (Name of Firm/Company)
800 SE 3 Ave. # 301 (Address)
Ft. Laul. FL 33316 (City/State and Zip Code)
For further information concerning this matter, please call:
Trenc Gnn un z. ch at (STY) 4(7.2535 (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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Iron	e Annunz	iota	, hereby resign as_	Vice	Pres.		
	guless S		c, Inc.		(Title)		_,
P 0 3000	o 8 2099 nt Number, if known	, a corp	poration organized un	der the law	s of the State	e of	
<u>/-/ba</u>	<u></u>	(Signature o	of resigning officer/direc	tor)	SECRETARY OF SIGHE	2000 OCT 24 AM 8: 26	

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