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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone	e #)
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COVER LETTER

Advanced Aesthetic Resources, Inc. (Name of Corporation) P04000004556 DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Tim Mills (Name of Person) Advanced Aesthetic Resources, Inc. (Name of Firm/Company) 3098 S. Oakland Forest Drive, #1506 (Address) Oakland Park, FL 33309 (City/State and Zip Code) For further information concerning this matter, please call: David J. Fasano, CPA

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

(Name of Person)

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

(Area Code & Daytime Telephone Number)

TO:

Amendment Section
Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Tim Mills	hereby resign as Preside	herehy region as President		
	1 22207 100.85 10	(Title)		
of Advanced Aesthetic Res	sources, Inc.			
	(Name of Corporation)	,		
(Document Number, if known)	, a corporation organized under the la	ws of the State of		
Florida	·	201 TALL		
		2011 JAN 2 SECRETAD ALL ARASS		
v (°	1 22	26 PMI2: 32 SSEE FLORIDA		
	(Signature of resigning officer/director)			

FILING FEE 1S \$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