P04000039905

(Re	questor's Name)			
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations				
	C Xpressions, Inc. (Name of Corporation) 040000 39965			
The enclosed Officer/Director Resignation	nation for a Corporation and fee are submitted for filing	g.		
Please return all correspondence con	cerning this matter to the following:			
Lisa Barton (Name of Person (Name of Firm/Cor (Name of Firm/Cor (Name of Firm/Cor (Address) Ft. Lander dale, FL 3 (City/State and Zip	Inc. mpany) Saite 409	TALLAHASSEE, FLORIDA	04 APR 19 PM 4: 30	FILED
For further information concerning to	his matter, please call:			
	at (<u>959</u>) <u>242-1870</u> (Area Code & Daytime Telephone Number)			
Enclosed is a check for \$35.00 made	e 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			

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, 6507A SWART	, hereby resign as	PRESIDENT.
of L&L Xpre	SSIONS, FNC.	,
Po 4000 3 9 96 5 (Document Number, if known)	, a corporation organized under the law	ws of the State of
Florida	• .	
	(Signature of resigning officer/director)	PILED 04 APR 19 PM 4: 30 1 ALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314