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Amendment Section Division of Corporations TO:

SUBJECT: LTOVIS SHAPES TAX. (Name of Corporation)
DOCUMENT NUMBER: P0400056718
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
STEVEN MUNDINE (Name of Person)
(Name of Firm/Company)
(OSO CYPRESE DP (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
STEVE MUNDINE at (321) 986-9515 (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

l,	CHAD WARREN FAL	LUXER	, hereby resign	as D	RECTOR (Title)		
of	LIGUID SW	APES T	ation)	, , , , , , , , , , , , , , , , , , , ,			.,
	OHOOO56718 (Document Number, if known)	·	ooration organized	under the la	ws of the St	ate of	
	FLORIDA	·					
		(Signature o	of resigning officer/di	rector)		SECR TALLA	3
				·	2266	ECRETARY	
					:. FLORI	PH 2:5	E
		FILING	FEE IS \$35.00		Ç	7 3	

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

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