P04000094796

(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:					
,					
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ON NO POR

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Glow With Me, Inc			·	
		(Name of Corpor	ation)		
DOCUMENT NUM	BER: P04000094	796			
The enclosed Officer	Director Resignation for	or a Corporation	•	mitted for filing.	ه در
Please return all corre	spondence concerning	this matter to th	ne following:		**
Susan J. Cain					
	(Name of Person)		· · · · · · · · · · · · · · · · · · ·	to a mark to	
Glow With Me, Inc					
(N:	ame of Firm/Company)	1-5	** - -		· : : : : : : : : : : : : : : : : : :
14085 S. Cypress	Cove Circle				
	(Address)		· 一型集化	•	، <u>- ست</u>
Davie, FL 33325					-
(Ci	ty/State and Zip Code)		<u> </u>		र्ज्य का प्रवास । राजनीतिकालको ह्या स्थान
For further information	on concerning this matt	er, please call:			
Susan J. Cain		at (954 .	415-0780 e & Daytime Tele	6/30/06	-
(Name	of Person)	(Area Cod	e & Daytime Tele	phone Number)	
Enclosed is a check for	or \$35.00 made payable	to the Florida	Department of S	tate.	

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, hereby resign as vice Presidential	
(Titl	;)
of Glow With Me, Inc.	_
(Name of Corporation)	
P0400094796, a corporation organized under the laws of the S	State of
(Document Number, if known)	
Florida	
	S
Д	R E T
AS:	TAR 22
	· · ·
Celtain June 30, 2006 7	
(Signature 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