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| (F | Requestor's Name) | |
|-------------------------|------------------------|----------|
| (A | ddress) | |
| <u> </u> | ddress) | |
| (0 | City/State/Zip/Phone # | *) |
| PICK-UP | ☐ WAIT | MAIL |
| (E | Business Entity Name |) |
| (Document Number) | | |
| Certified Copies | Certificates o | f Status |
| Special Instructions to | | |
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Meli Resign

SEURETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

| SUBJECT: Self Tattoo & Book Piercing Inci (Name of Corporation) |
|--|
| DOCUMENT NUMBER: PO400 106108 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: (Name of Person) |
| (Name of Firm/Company) |
| 2095 Siesta Dr Unit B |
| SArasata, FL 341239 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Michael (Nea (917) 378-0914 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. |

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

CR2E044(08/05)

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

TÒ:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Michael Crea hereby resign as Corper Dress.

Of Sem Tattoo & Book Pietoing troe.

(Name of Corporation)

POYOO 10610 \$\frac{1}{2}\$ a corporation organized under the laws of the State of Florida.

(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