

PO4000124742

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officer Resignation

TB 10-19-07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lavernia Medi-Spa, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04000124742

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ivette Rodriguez, Esquire
(Name of Person)

Ivette Rodriguez, P.A.
(Name of Firm/Company)

201 Alhambra Circle Suite 500
(Address)

Coral Gables, Florida 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

Ivette Rodriguez at (305) 447-1710
(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**

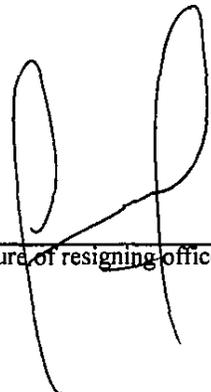
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Pedro L. Puebla, hereby resign as President (Title)

of Lavernia Medi-Spa, Inc.
(Name of Corporation)

P04000124742, a corporation organized under the laws of the State of
(Document Number, if known)

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