## P04000159130

| (Re                     | equestor's Name)   |           |
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| Certified Copies        | Certificates       | of Status |
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| Special Instructions to | Filing Officer:    |           |
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## **COVER LETTER**

| TO:                          | Amendment Section Division of Corporations   |
|------------------------------|--|
| SUE                          | BJECT: Lavish Living Empire, Inc.  |
|                              | (Name of Corporation)  |
| DOG                          | CUMENT NUMBER: P04000159130  |
| The                          | enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing   |
| Plea                         | se return all correspondence concerning this matter to the following:  |
| Wil                          | lliam Weyrowski  |
|                              | (Name of Person)   |
|                              | (Name of Firm/Company)   |
| 550                          | 0 Fairway Drive, Suite 203   |
|                              | (Address)  |
| De                           | erfield Beach, FL 33441  |
|                              | (City/State and Zip Code)  |
| For                          | further information concerning this matter, please call:   |
| Will                         | liam Weyrowski at ( 786 ) 457-3123 (Area Code & Daytime Telephone Number)  |
| -                            | (Name of Person) (Area Code & Daytime Telephone Number)  |
| Encl                         | losed is a check for \$35.00 made payable to the Florida Department of State.  |
| Ame<br>Divi<br>Clift<br>2661 | met Address:  Endment Section  Amendment Section  Sion of Corporations  Ton Building  Executive Center Circle  Shassee, FL 32301  Mailing Address:  Amendment Section  Division of Corporations  Post Office Box 6327  Tallahassee, FL 32314 |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| William Weyrowski              |              | , hereby resign as President |                |  |    |
|--------------------------------|--------------|------------------------------|----------------|--|----|
|                                |              |                              | / <del>-</del> | (Title)                                |    |
| of_ Lavish Living Empire, Inc. |              |                              |                |  | _, |
| (T                             | vame of Corp | ooration)                    |                |  |    |
| P04000159130                   | .a.c         | orporation o                 | rganized und   | er the laws of the State of            |    |
| (Document Number, if known)    |              | <b>F</b>                     | <i>B</i>       | •• •• •• •• •• •• •• •• •• •• •• •• •• |    |
| Florida                        |              |                              |                |  |    |
|                                |              |                              |                |  |    |
|                                |              |                              |                |  |    |
|                                | 11.          | •                            | 1.             | _                                      |    |

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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

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SECRETÁRY OF STATE DIVISION OF CORPORATIONS