P05000013309

| (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: | |
| | |
| | |
| | |
| | |

Office Use Only



800247856468

05/13/13--01033--008 **35.00

THE STATE OF STATE OF

DS/RES 05.15.13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Le Margarita Beauty Salon & Day Spa, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P05000013309

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

Please return all correspondence concerning this matter to the following:

Margarita Mandujano

(Name of Person)

(Name of Firm/Company)

1100 N Tuttle Ave Unit E

(Address)

Sarasota, FL 34237

(City/State and Zip Code)

For further information concerning this matter, please call:

Margarita Mandujano

...941

780-4832

(Name of Person)

(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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| _{I,} Moises G. Mandujano | , hereby resign as Vice President |
|--|--|
| | (Title) |
| _{₀₁} Le Margarita Beauty Sal | lon & Day Spa, Inc. |
| (Name of Corpora | ation) |
| (Document Number, if known) P0500013309 | oration organized under the laws of the State of |
| | |

(Signature of resigning officer/director)

Misses

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