

PD5000080967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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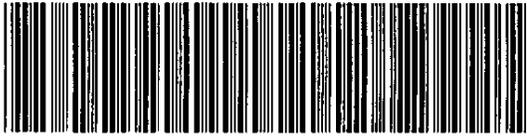
(Business Entity Name)

(Document Number)

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*Dr. Liu*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JUN -5 AM 11:50

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COSMOE INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000080967

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

Please return all correspondence concerning this matter to the following:

STACY STEWART  
(Name of Person)

COSMOE INC  
(Name of Firm/Company)

14348 SW 156 AVE  
(Address)

MIAMI, FL 33196  
(City/State and Zip Code)

For further information concerning this matter, please call:

STACY STEWART at ( 305 ) 205-4908  
(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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JUN -5 AM 11:50

I, STACY STEWART, hereby resign as Treasurer & Director  
(Title)

of COSMOE, INC.  
(Name of Corporation)

P05000080967, 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