

PD5000080967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

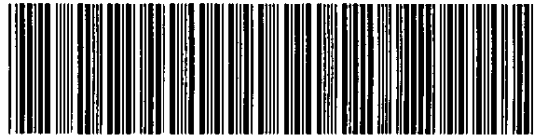
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Dr. Lisa L. L...

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

T Roberts JUN 09 2009

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

(Name of Person)

at (305) 205-4908

(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**

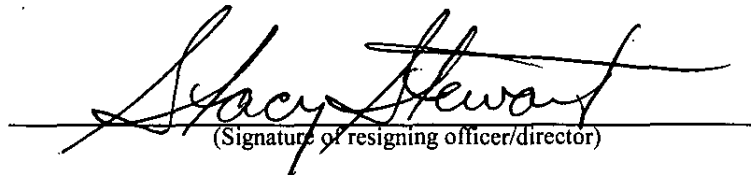
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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I, STACY STEWART, hereby resign as Treasurer & Director
(Title)

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