## PD5000158352

(Ro	equestor's Name)			
(Address)				
(A	ddress)			
(C	ity/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(B	usiness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				





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11/10/15--01008--020 \*\*35.00

FILED

SECRETARY DE PHIZE 06



I ALBRITTON

## TRANSMITTAL LETTER

SUBJECT: KYTHERA INC
SUBJECT: KYTHERA INC (Name of Corporation)  DOCUMENT NUMBER: POSOO 158 352
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
VALERY HYATT (Name of Person)
(Name of Person)
KYTHERA INC (Name of Firm/Company)
(Name of Firm/Company)
8585 SE CHURCH ST APT 3
HOBE SOUND FL 33455 (City/State and Zip/Code)
For further information concerning this matter, please call:
WALERY HYATT at (772) 634-0265 (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

:OT:

Amendment Section Division of Corporations

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, VALERY HYATT	, hereby resign as_	Vice !	PRESIDENT (Title)	DIRECTOR
of KYTHERA INC (Name of Corporation				_,
P05000 158 352 a corpor (Document Number, if known)	ation organized un	der the laws	of the State of	
FLORIDA				
Jolley Bignature of 1	esigning officer/direct	or)	2015 NOV 10 PM 12: 06 SECRETARY OF STATE TALLAHASSEE. FLORIO	FILED
FILING FI	EE IS \$35.00		80 S	

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

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