

. (1	Requestor's Name)	
(,	Address)	· · · · · · · · · · · · · · · · · · ·
(,	Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL .
. (1	Business Entity Name)	:
		:
(1	Document Number)	
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LAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Aira Cosmetics, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: P06000007023	
The enclosed Officer/Director Resignation for a Corporation and fee are submit	tted for filing.
Please return all correspondence concerning this matter to the following:	
Derek Cavan	
(Name of Person)	
(Name of Firm/Company)	
Po Box 5203	
(Address)	
Pompano Beach, FL 33074	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Derek Cavan at (954) 445-1360 (Area Code & Daytime Telepho	
(Name of Person) (Area Code & Daytime Telepho	one Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State	e.
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	

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Derek Cavan	, hereby resign as Vic	ce President
•,	, notoby toolgh as	(Title)
of_ Aira Cosmetics, Inc.		,
	(Name of Corporation)	
P0600007023 (Document Number, if known	, a corporation organized under	the laws of the State of
Florida		
	(Signature of resigning officer/director)	2009 SEP 14 SECRETAR TALLAHAS

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

FILING FEE IS \$35.00

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