P06000000911do

(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:
·



400107350964

08/13/07--01010--005 **35.00

DIVISEORE TARE STATIONS OF AUG 13 PM 3: 11

Office Use Only

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SKIN SCIENCE INSTITUTE (Name of Corporation)
DOCUMENT NUMBER: P06000009766
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
PAUL JOYCE
(Name of Person)
5 KIN SCIENCE INSTITUTE (Name of Firm/Company)
11000 PROSPERITY FARMS RD #301
PALL BEACH GARDENS FL 33410 (City/State and Zip Code)
For further information concerning this matter, please call:
PAUL JOYCE at (561) 721-9499 (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

I, les Joyce, hereby resign as Director
of Skin Science Institute, INC
P040000 9766 a corporation organized under the laws of the State of (Document Number, if known)
FLORIDA