06000012265

(Requestor's Name)
(Address)
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COVER LETTER

Division of Corporations
SUBJECT: KARMA Kreations The (Name of Corporation) DOCUMENT NUMBER: 06 0000 12265
DOCUMENT NUMBER: 06 0000 12265
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Person)
(Name of Firm/Company)
(Name of Firm/Company)
1541 Brickell Ave Suite 1-301 (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Swat (aw at (786) 306-7990 (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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

of Karma Kreations Secretary (Times)	tle)	recto.	~
P060000 12265 a corporation organized under the laws of the (Document Number, if known)	State of		
(Signature of resigning officer/director)	08 JUN -5 AMII: 08 SECRETARY OF STATI TALLAHASSEE. FLORIT		

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