

PD6000027482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

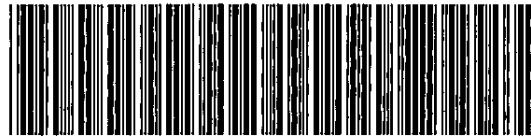
(Business Entity Name)

(Document Number)

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*off Resign*

*Thew*

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FILED

2007 MAY 14 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COSMETIC LASER INSTITUTE OF AVENTURA, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** PO000027482

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JIMMY CARRILLO

(Name of Person)

COSMETIC LASER INSTITUTE OF AVENTURA

(Name of Firm/Company)

2627 NE 203RD STREET SUITE #215

(Address)

MIAMI, FL. 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

JIMMY CARRILLO

(Name of Person)

at ( 786 ) 295 9908

(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**

**2007 MAY 14 AM 10:51**

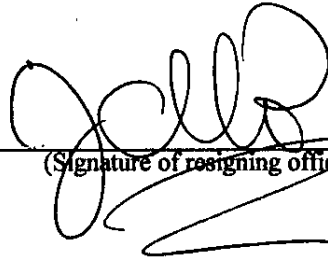
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, JIMMY CARRILLO, hereby resign as DIRECTOR  
(Title)

of COSMETIC LASER INSTITUTE OF AVENTURA, INC  
(Name of Corporation)

P06000027482, 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