

B6000086183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

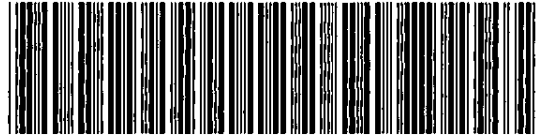
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600121663306

*Resignation
of officer*

04/14/08--01034--015 **35.00

2008 APR 14 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*APR
4/14/08*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JAZMIN SURGICAL & SKIN CARE CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: P06000086183

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

Please return all correspondence concerning this matter to the following:

MYRIAM LAVIELLE
(Name of Person)

JAZMIN SURGICAL & SKIN CARE CENTER, INC.
(Name of Firm/Company)

9570 NW 32 PL
(Address)

MIAMI FL 33147
(City/State and Zip Code)

For further information concerning this matter, please call:

MYRIAM LAVIELLE at (305) 525-0951
(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**

FILED

2008 APR 14 AM 10:40

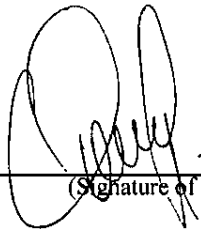
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ERNESTO M. Carralero, hereby resign as DV
(Title)

of Jazmin Surgical & Skin Care Ctr Inc.
(Name of Corporation)

P06000086183, 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