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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2007 AUC 22 PM 1: 0

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	TECT: ROSA LOVES, INC. (Name of Corporation)
DOC	UMENT NUMBER:
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
	(Name of Person)
RO	(Name of Firm/Company)
20	5 B ST., APT. B (Address)
ST	AVGVSTINE, FL 32080 (City/State and Zip Code)
For fi	urther information concerning this matter, please call:
M	(Name of Person) at (904) 874.4194 (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Independent Section Identify

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
2007 AUG 22 PM 1:05 of Rosa Loves, Inc _, a corporation organized under the laws of the State of (Document Number, if known) (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