106000127/80

| <u></u> | | |
|-------------------------------|--------------|-------------|
| (Reque | stor's Name |) |
| | | |
| (Addres | ss) | |
| | | |
| (Addres | ss) | |
| | • | |
| (City/St | ate/Zip/Phor | ne #) |
| | | |
| PICK-UP | WAIT | MAIL |
| | | |
| (Busine | ss Entity Na | me) |
| (200) | - , | ···-, |
| (Docum | ent Number | |
| (Docum | icht Humber | , |
| On wife of On the c | 0.475 | (0) |
| Certified Copies | Certificate | s of Status |
| | | |
| Special Instructions to Filin | g Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | <u>.</u> | |

Office Use Only



400111486534

DIVISION OF CORPORATIONS

7007 NOV - 1 AM 9: 17

PS 1/1/07 8/20

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|------------|
| SUBJECT: Gentle Sensations, Inc. (Name of Corporation) | · |
| DOCUMENT NUMBER: PO 6000127180 | ` |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted | for filing |
| Please return all correspondence concerning this matter to the following: | _ |
| Maria V. Ortiz (Name of Person) | |
| Gentle Sensations, Inc. (Name of Firm/Company) | |
| 1600 W Oakland Park Blvd (Address) | |
| Oakland Park, FL 33/33 (City/State and Zip Code) | ٠. |
| For further information concerning this matter, please call: Mactha 1 Birchenall at 954 708-6707 | |
| Martha L. Birchenall at (954) 708-6707 (Name of Person) (Area Code & Daytime Telephone N | lumber) |
| 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 | , |
| CARREL WA | |

OFFICER / DIRECTOR RESIGNATED TO STATE CORPORATIONS FOR A CORPORATION 2007 NOV - 1 AM 9: 17

| L, | aria V. Ortiz | hereby resign as Vice President (Title) |
|------|---|--|
| of (| bentle Sensations, | Inc. |
| | (Nam | e of Corporation) |
| | 6000127180 ocument Number, if known) | , a corporation organized under the laws of the State of |
| Flo | orida | |

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314