

PO7000022776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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O/D Resign.

De

9-29-10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Miami Beach Laser Spa, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P 0 7 00002276

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

Please return all correspondence concerning this matter to the following:

Michelle O'Neill  
(Name of Person)

Miami Beach Laser Spa  
(Name of Firm/Company)

1610 Lenox Avenue #516  
(Address)

Miami Beach, FL 33139  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle T. O'Neill at ( 305 ) 788-1117  
(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**

I, Michelle O'Neill, hereby resign as Vice President  
(Title)

of Miami Beach Laser Spa, Inc.  
(Name of Corporation)

P07000022776, 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

**FILED**  
**10 SEP 27 PM 3:47**