## P07000089943

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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07/05/11--01012--004 \*\*35.00

off. Resign.
TBrown 7-6-

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Vivid Expression	Ons, Inc. (Name of Corporation)
DOCUMENT NUMBER:	P07000089943
The enclosed Officer/Director	Resignation for a Corporation and fee are submitted for filing
Please return all corresponder	ice concerning this matter to the following:
Alyse Gilbert	
(Name o	of Person)
(Name of Fi	rm/Company)
13753 NW 22 Place	
(Ad	dress)
Sunrise, FL 33323	
(City/State a	and Zip Code)
For further information conce	rning this matter, please call:
Alyse Gilbert	at ( 954 ) 557-0037  (Area Code & Daytime Telephone Number)
(Name of Perso	n) (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 AND SECURISH STORY OF THE SECURISH SECURISH

. Alyse Gilbert	, hereby resign as Vice President
,	(Title)
of Vivid Expressions, Inc.	
	f Corporation)
P07000089943	, a corporation organized under the laws of the State of
(Document Number, if known)	
Florida	

FILING FEE IS \$35.00

ture 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