## POT 6001 00957

| (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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|   |

Office Use Only



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4/2700

## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

| SUBJECT: CREACIONES TAILOR FL, INC  |
|---|
| (Name of Corporation)   |
| DOCUMENT NUMBER: P07000100957   |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filir |
| Please return all correspondence concerning this matter to the following:                   |
| JAMES MATTHYSSE   |
| (Name of Person)  |
| CEACIONES TAILOR FL, INC  |
| (Name of Firm/Company)  |
| 7576 SAVANNAH LN  |
| (Address)   |
| LAKE WORTH FL 33463   |
| (City/State and Zip Code)   |
| For further information concerning this matter, please call:                                |
| JAMES MATTHYSSE at (561) 927-5444  (Name of Person) (Area Code & Daytime Telephone Number)  |
| (Name of Person) (Area Code & Daytime Telephone Number)                                     |
|   |

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| , JAMES MATTHYS             | , hereby resign as  |        |
|-----------------------------|---|--------|
|                             | (Title)   |        |
| of CREACIONES TAIL          |   | _      |
| P07000100957                | of Corporation)   |        |
| (Document Number, if known) | _, a corporation organized under the laws of the State of \\ \frac{12}{23} \\ \frac{1}{23} \\ | · **** |
| FLORIDA                     | · · · · · · · · · · · · · · · · · · ·   | כ      |
|                             | 3 ST  | ŗ      |
|                             |   |        |

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