

P07000103/58

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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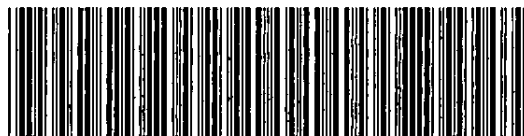
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

OD/Res
@ 6/16/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DIVA DAY SPA, INC
(Name of Corporation)

DOCUMENT NUMBER: P07000103158

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

Please return all correspondence concerning this matter to the following:

LE, CUONG

(Name of Person)

DIVA DAY SPA, INC.

(Name of Firm/Company)

6701 TYRONE SQUARE SUITE 516

(Address)

SAINT PETERSBURG, FLORIDA 33710

(City/State and Zip Code)

For further information concerning this matter, please call:

LE, CUONG

(Name of Person)

at (727) 687-4348

(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, CAO, PHI D, hereby resign as PRES., SEC. & TREAS.
(Title)

of DIVA DAY SPA, INC.
(Name of Corporation)

P07000103158, 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

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DIVISION OF CORPORATIONS
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