

PO7000109799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

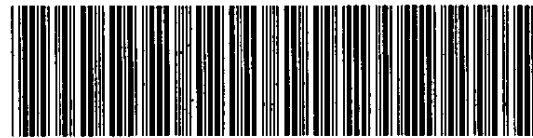
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100134530471

08/19/08--01043--001 **35.00

FILED
08 AUG 19 PM 3:28
SECRET
TREASURY SECRET LORION

ST

CD
W/for

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EXCLUSIVE IMAGE, INC.

(Name of Corporation)

DOCUMENT NUMBER: P07000109799

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

Please return all correspondence concerning this matter to the following:

TASHONA C. BEST

(Name of Person)

(Name of Firm/Company)

16345 Dinsdale Dr, Spring Hill, FL 34610

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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, SULIMAN, SAMI, hereby resign as President
(Title)

of EXCLUSIVE IMAGE, INC
(Name of Corporation)

P07000109799, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
08 AUG 19 PM 3:28
TALLAHASSEE, FLORIDA

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