## P01000115543

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone #	
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	)
(Do	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to Filing Officer:		

Office Use Only



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03/04/09--01003--008 \*\*35.00

DIVISION OF CORPORATIONS

DD 125 00 3/5/09

## **COVER LETTER**

Division of Corporations
SUBJECT: Tropired Attie CO. (Name of Corporation)
DOCUMENT NUMBER: PO 1000 (15543
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Name of Person)
(Name of Firm/Company)
12675-1151h St (Address)
LArgo FL 33718 (City/State and Zip Code)
For further information concerning this matter, please call:
Marcy Korrow at 127, 518–122 (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

TO:

Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, TRACY Romano, hereby resign as VI CO President
of Inspired Attire (Name of Corporation)
(Document Number, if known)  (Document Number, if known)  (Document Number, if known)
<u>+-101/1010</u>
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

d mail to:

SECRETARY OF STATE
OF CORPORATIONS

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314