P08000045983

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





700156399697

06/11/09--01029--011 **35.00

My Rei Resign

ON THE THE CHAPTER SE

COVER LETTER

Amendment Section Division of Corporations

JECT: Boutique For A W	eek, Inc.
	(Name of Corporation)
CUMENT NUMBER: PO	8000045983
enclosed Officer/Director Re	signation for a Corporation and fee are submitted for filing
se return all correspondence	concerning this matter to the following:
ndra M. Brooks	
(Name of Po	erson)
ıtique For A Week, Inc.	
(Name of Firm/	Company)
3 English Lake Drive	
(Addres	s)
nter Garden, FL 34787	
(City/State and	Zip Code)
further information concerning	g this matter, please call:
dra M. Brooks	at (407) 654-3544 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
osed is a check for \$35.00 m	ade payable to the Florida Department of State.
et Address:	Mailing Address:
sion of Corporations	Amendment Section Division of Corporations
on Building	Post Office Box 6327
Executive Center Circle hassee, FL 32301	Tallahassee, FL 32314
1143500, FL JZJUI	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Gail Walker	, hereby resign as President
	(Title)
Boutique For A Week, Inc.	
(Nam	e of Corporation)
Oocument Number, if known)	, a corporation organized under the laws of the State of
florida	
	01.012
	(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