

PO8000060872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

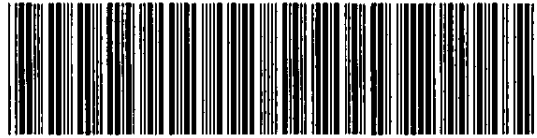
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC 31 AM 11:28

FILED

Resign
C.COULLIETTE

JAN 06 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LOLLIPOSCH CHILDREN'S BOUTIQUE INC
(Name of Corporation)

DOCUMENT NUMBER: P08000060872

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

Please return all correspondence concerning this matter to the following:

JULIANA RUIZ
(Name of Person)

LOLLIPOSCH CHILDREN'S BOUTIQUE
(Name of Firm/Company)

400 SW 203RD AVE
(Address)

PEMBROKE PINES FL 33029
(City/State and Zip Code)

For further information concerning this matter, please call:

JULIANA RUIZ at (305) 606-5044
(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, LINA URIBE, hereby resign as OFFICER / DIRECTOR
(Title)

of LOLLIPOSCH CHILDREN'S BOUTIQUE INC
(Name of Corporation)

P08000060872, 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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TALLAHASSEE, FLORIDA