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(City/State/Zip/Phone #)	01/30/0901024024 **35.00
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

ASRD, FIC (Name of Corporation) SUBJECT: DOCUMENT NUMBER: PO 80000 62157

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

Please return all correspondence concerning this matter to the following:

Kinberly M. EVANS (Name of Person) Spa MilAgRD, Inc. (Nante of Firm/Company) 2931 SW ZZNZ CIR #31B (Address) DelRAy Beach Fl 3344( (City/State and Zip Code)

For further information concerning this matter, please call:

Kinberly H. EVANS at (561) 305-4667 (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, Kimberly MIEVANS, hereby resign as Reasu Name of Corporation) 062157 \_\_\_\_\_, a corporation organized under the laws of the State of Jumber, if known) Florida

ignature 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