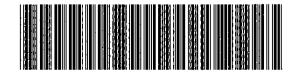
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(Requestor's Name)	
(Address)	
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(13.755)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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T. Roberts APR' 0'6' 2009

COVER LETTER

Division of Corporations	
SUBJECT: Luvculture Inc.	(Name of Corporation)
DOOO	(Name of Corporation) 00068990
DOCUMENT NUMBER: P0800	
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence con-	cerning this matter to the following:
Joesph Ramos	
(Name of Perso	n)
Luvculture Inc	
(Name of Firm/Con	npany)
Post Office Box 330491	
(Address)	
Miami, Florida 33135	
(City/State and Zip	Code)
For further information concerning the	nis matter, please call:
Joseph Ramos	at (305) 984-6676
(Name of Person)	at (305) 984-6676 (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 OP APP CORPORATION OFFICER / DIRECTOR RESIGNATION OFFICER / D

Eloryris Romanach	, hereby resign as Director/President
	(Title)
of Luvculture Inc.	
(Name of C	orporation)
P08000068990, a (Document Number, if known)	corporation organized under the laws of the State of
Florida	
	iture 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