

PO9000032699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

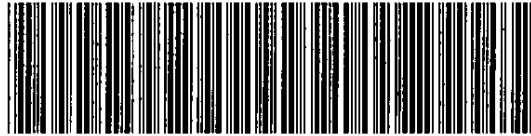
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FLORIDA

2010 3/12/10

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FLAMINGO DREAMS INC.  
Name of Corporation

DOCUMENT NUMBER: PO 90000 32699

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Glenda Ross  
Name of Contact Person

FLAMINGO DREAMS INC  
Firm/Company

15325 Amberly Dr.  
Address

Tampa Florida 33647  
City/State and Zip Code

FlamingoFlorist@VERIZON.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glenda Ross at (813) 971-9466  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Michele Sable, hereby resign as VP  
(Title)

of Flamingo Dreams Inc.  
(Name of Corporation)

PO 9000032699, a corporation organized under the laws of the State of  
(Document Number, if known)

Michele Sable  
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

**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