## P09000040141

| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
|   |  |  |
| •                                       |  |  |
| 3                                       |  |  |

Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA





## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| VID CLITS OF SOLITH FLODIDA, INC.  |             |
|--|-------------|
| SUBJECT: VIP CUTS OF SOUTH FLORIDA, INC. (Name of Corporation)   | _           |
| DOCUMENT NUMBER: P09000040141  | <del></del> |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fil  | ing         |
| Please return all correspondence concerning this matter to the following:  |             |
| GLORIA CONTRERAS   |             |
| (Name of Person)   |             |
| M&L ACCOUNTING SERVICES, INC.  |             |
| (Name of Firm/Company)   |             |
| 16969 NW 67th AVENUE SUITE 201   |             |
| (Address)  |             |
| HIALEAH, FL. 33015   |             |
| (City/State and Zip Code)  |             |
| For further information concerning this matter, please call:   |             |
| GLORIA CONTRERAS at ( 305 ) 231-7212  (Name of Person) (Area Code & Daytime Telephone Number   |             |
| (Name of Person) (Area Code & Daytime Telephone Number   | r)          |
| 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

| MARIA R. VILLAVICENCIO                   | , hereby resign asOFFICER                           |
|--|---|
| 7  | (Title)   |
| $_{ m of}$ VIP CUTS OF SOUTH FLORIDA, IN | NC.   |
| (Name of Corp                            | oration)  |
| P0900040141 , a co                       | orporation organized under the laws of the State of |
| 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

10 HAR 25 PH 3: 27
SECRETARY OF STATE