P1000000012537

• (Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	☐ MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special instructions to	Filing Officer:	

Office Use Only

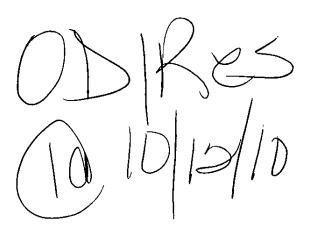


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SECRETARY OF STATE TALLAHASSEE FLORIDA



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: FLORIDA MANGO MASSAGE THERAPY CENTER, INC.	
(Name of Corporation)	
DOCUMENT NUMBER: P10000072537	<u></u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted fo	r filing
Please return all correspondence concerning this matter to the following:	
Jessica Lopez	
(Name of Person)	
(Name of Firm/Company)	
· • • • • • • • • • • • • • • • • • • •	
2000 N. Congress Ave. #177	
(Address)	
West Palm Beach, FL 33409	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Jessica Lopez at (561) 572-6039	
Jessica Lopez at (561) 572-6039 (Area Code & Daytime Telephone Nur	mber)
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, Lazaro Vigoa	, hereby resign as Officer		
-7	(Title)		
UI	GE THERAPY CENTER, INC.	,	
(Na	me of Corporation)	,	
P10000072537 (Document Number, if known)	, a corporation organized under the laws of the Sta	ate of	
FLORIDA	•		
	(Signature of resigning officer/director)	SECRETARY TAELAHASS 10.0CT 12	
	FILING FEE IS \$35.00	ECRETARY OF STATE A	

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314