## P100095196

(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:





100202935921

04/25/11--01008--025 \*\*35.00





## **COVER LETTER**

Division of Corporations	
SUBJECT: the Dreams Boutique	
(Name of Corporation)	
DOCUMENT NUMBER: P 100000 9519 W	

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

Please return all correspondence concerning this matter to the following:

Kenia Diaz				
(Name of Person)				
The Dreams Boutique (Name of Firm/Company)				
(Name of Firm/Company)				
14570 SW 85+				
(Address)				
MION? F/ 33184				
(City/State and Zip Code)				

For further information concerning this matter, please call:

(Name of Person) at (786) 315 664 (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

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	Top of the second
I, Kenia Diaz, hereby resign as VP	1/2/23
of the Dreams Boutique Comp	(Title)
(Name of Corporation)  P10000035196, a corporation organized under the laws	of the State of
(Document Number, if known)  (Document Number, if known)	of the state of
•	

(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