

P10000099794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

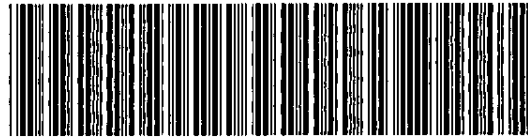
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Off Receipt

FEB 13 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LUCY'S BAZAR BRAZIL INC.
(Name of Corporation)

DOCUMENT NUMBER: P10000099794

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

Please return all correspondence concerning this matter to the following:

JOSE L. VOLPATO

(Name of Person)

LUCY'S BAZAR BRAZIL INC.

(Name of Firm/Company)

5460 INTERNATIONAL DR.

(Address)

ORLANDO FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

RUBEN D. TORO

(Name of Person)

at (407) 370-6445

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2012

JOSE L. VOLPATO
LUCY'S BAZAR BRAZIL INC.
5460 INTERNATIONAL DRIVE
ORLANDO, FL 32819

SUBJECT: LUCY'S BAZAR BRAZIL INC.
Ref. Number: P10000099794

The fee to resign as officer/director for a corporation is \$35 per person resigning.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 912A00001431

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12 FEB 10 AM 8:48

TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

12 FEB 10 PM 12:57

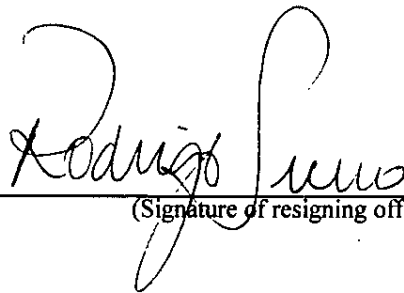
SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, RODRIGO SERENO, hereby resign as DIRECTOR
(Title)

of LUCY'S BAZAR BRAZIL INC.
(Name of Corporation)

P10000099794, a corporation organized under the laws of the State of
(Document Number, if known)

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