P11000035560

(Requ	uestor's Name)	
(Addr	ess)	
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		<u>-</u> -
(City/	State/Zip/Phon	e#)
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Office Use Only

off. Resign.

COVER LETTER

	•			
SUBJECT:	Chime	Living (Named Co	Inc.	
_		(Name of Co	orporation)	
		10000 3650		

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

Please return all correspondence concerning this matter to the following:

Melissa Scheigert (Name of Person)				
(Name of Person)				
Chime Living Inc. (Name of Firm/Company)				
4337 Seagra pe Dr. (Address)				
(Address)				
Laucherclale by the Sea 33308 (City/State and Zip Code)				
(City/State and Zip Code)				

For further information concerning this matter, please call:

Fngels Gabriela at (954) 332-1257 (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 Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

....

PALLAHASSEE FLORIGE

1, Me/issa	Scheigert, hereby resig	gn as V.P. (Title)
of Chine	Living (Name of Corporation)	nc.
P 110000355 (Document Number, if k	<i></i>	ed under the laws 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