P12000024562	
(Requestor's Name) (Address) (Address)	600229367976
(City/State/Zip/Phone #)	04/18/1201030015 **35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 12 APR 18 PH 12: 40 SECRETARY & STATE TALLAHASSEEFLORIDA
	Offlesign
Office Use Only	APR 1 9 2012 T. LEWIS

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

2

SUBJECT: SeeMyCuts Inc.

(Name of Corporation)

## DOCUMENT NUMBER: P12000024562

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

Please return all correspondence concerning this matter to the following:

Nicholas Scalice

(Name of Person)

SeeMyCuts Inc.

(Name of Firm/Company)

10391 S 228th Ln

(Address)

Boca Raton, FL 33428

(City/State and Zip Code)

For further information concerning this matter, please call:

Nicholas Scalice

(Name of Person)

at (\_\_\_\_\_\_\_) 212-7155 (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

CR2E044(08/05)

# FILED

## OFFICER / DIRECTOR RESIGNATION 12 APR 18 PH 12:40 FOR A CORPORATION SECRETARY &F STATE TALLAHASSEE FLORIDA

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I. Nicholas Scalice	, hereby resign as Officer/Director
	(Title)
of SeeMyCuts Inc.	
(Na	me of Corporation)
P12000024562 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
	(Signature of resigning officer/director)

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### 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

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