

P12000039339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

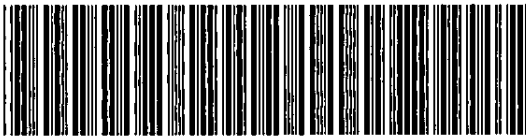
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 11 PM 1:14

DD/RES
@ 5/14/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Don't SLEEP on Accessories inc
(Name of Corporation)

DOCUMENT NUMBER: EIn 45-5139872

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

Please return all correspondence concerning this matter to the following:

CATrena Drew
(Name of Person)

Don't SLEEP on Accessories inc
(Name of Firm/Company)

1918 E. SHADOWLAWN AVE.
(Address)

Tampa, FL 33610
(City/State and Zip Code)

For further information concerning this matter, please call:

CATrena Drew at (813) 352-8734
(Name of Person) (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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CATERINA DREW, hereby resign as Secretary/Treasurer
(Title)

of Don't Sleep On Accessories inc
(Name of Corporation)

P12000039339 a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Caterina Drew
(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

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