

P12000039339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

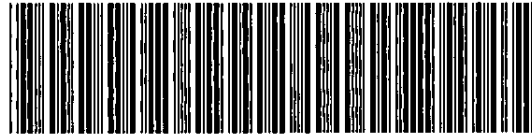
(Business Entity Name)

(Document Number)

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

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@ 5/16/12

## 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, CATRENA DREW, hereby resign as Secretary / Treasure  
(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

Catrena 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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