

P/2000102088

(Requestor's Name)

CRYSTAL BEACH SUITES & HEALTH CLUB
6985 Collins Avenue • Miami Beach, FL 33141

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

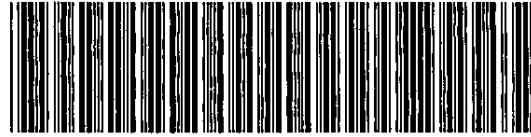
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

12-2-13

Office Use Only



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10/28/13--01055--011 **87.50

13 DEC -2 PM 4:00

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Resign

12-3-13

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2013

CRYSTAL BEACH SUITES & HEALTH CLUB
6985 COLLINS AVE.
MIAMI BEACH, FL 33141

SUBJECT: TOPHEAD CULTURE, INC.
Ref. Number: P12000102088

We have received your document and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

TIFFANY I. MENDOZA IS LIST AS A DIRECTOR IN THE ABOVE LISTED CORPORATION. OUR RECORDS REFLECT THAT SHE IS NOT THE REGISTERED AGENT.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II

Letter Number: 513A00025545

RECEIVED
13 DEC -2 AM 8:36
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TOP HEAD CULTURE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P12 000 102088

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

Please return all correspondence concerning this matter to the following:

DALTON J. BOYD
(Name of Person)

TOP HEAD CULTURE INC.
(Name of Firm/Company)

3350 NE 192 STREET #4B
(Address)

AVENTURA FL 33180
(City/State and Zip Code)

For further information concerning this matter, please call:

GENOVEV M. MENDOZA at (305) 318-8300
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

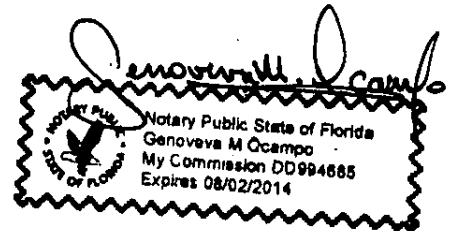
I, TIFFANY I. MENDOZA, hereby resign as OFFICER / DIRECTOR
(Title)

of TOPHEAD CULTURE, INC.
(Name of Corporation)

P12000102088, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Tiffany Mendoza
(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

18 DEC -2 PM 4 00
FILED