

P/2000/02601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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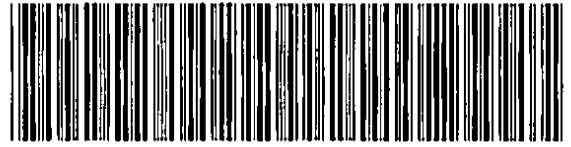
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JAN 14 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
JAN 17 2019

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAVISH LASHES INC.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

MARYJANE DANA
(Name of Person)

LAVISH LASHES INC.
(Name of Firm/Company)

PO BOX 904
(Address)

CRYSTAL BEACH, FL 34681
(City/State and Zip Code)

For further information concerning this matter, please call:

MARYJANE DANA at (951) 377-8398
(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, Timothy S. DANA, hereby resign as PRESIDENT
(Title)

of LAUSHT LASHTS INC.
(Name of Corporation)

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


(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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