

P141000078170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

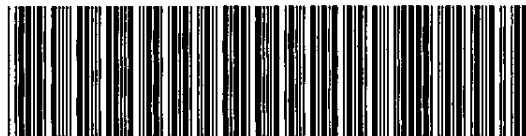
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FEB 04 2016  
T. LEMIEUX  
10

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CHAOS TATTOOS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P14000078170

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

Please return all correspondence concerning this matter to the following:

STEVE SANTACRUZ

(Name of Person)

CHAOS TATTOOS, INC.

(Name of Firm/Company)

3904 DAVIE BLVD

(Address)

FT LAUDERDALE, FL 33312

(City/State and Zip Code)

For further information concerning this matter, please call:

STEVE SANTACRUZ at (718) 668-5763  
(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

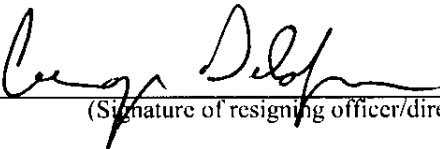
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, GEORGE E DOLOFAN, hereby resign as PRESIDENT  
(Title)

of CHAOS TATTOOS, INC.  
(Name of Corporation)

P14000078170, 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

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2016 FEB -1 P 3:01

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