

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(City/State/Zip/Prione #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)	_				
(Document Number)					
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SECRETARY OF STATE

TALLAHASSEE, FLORI

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OCT 22 2018 S. YOUNG

TRANSMITTAL LETTER

Division of Corporations					
SUBJECT: Select Tease Company Free (Name of Corporation) DOCUMENT NUMBER: 15000 30556					
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Krusti Kellogg (Name of Person)					
Secret Telese Company Inc (Name of Firm/Company)					
(Name of Firm/Company) 1700 Bare Foot (Address) (Name of Firm/Company) (Name of Firm/Company)					
Atreley, MN 5/4/33 NAples F1. (City/State and Zip Code) 34/13					
For further information concerning this matter, please call:					
Kristi Kellogg at (218) 839-4833 (Name of Person) (Area Code & Daytime Telephone Number) 218 209-7816 (Kristi)					
Enclosed is a check for \$35.00 made payable to the Florida Department of State.					

TO:

Amendment Section

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

' ا.	bAnne	Ga	ylord	, hereby resign as	Secretary	
		·	,		(Title)	
of	Sec	let	Tease	Compani	1, Inc.	
of Secret Tease Company, Inc. (Name of Corporation)						
[150000			ooration organized under	er the laws of the State of	
	(Document Number	r, if know	n)	-		
;	Floring					

(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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