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(Re	questor's Name)	
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## TRANSMITTAL LETTER

SUBJECT: VENUS COSMETIC SI	URGERY INC
SUBJECT: VENUS COSMETIC S	(Name of Corporation)
DOCUMENT NUMBER:	P 1 5 0 0 0 1 0 1 4 0 9
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing
Please return all correspondence concernit	ng this matter to the following:
MARISEL CHAVIANO	
(Name of Person)	
VENUS COSMETIC SURGERY IN	
(Name of Firm/Company	)
7231 SW 24TH ST	
(Address)	
MIAMI, FL 33155	
(City/State and Zip Code)	)
For further information concerning this ma	atter, please call:
MARISEL CHAVIANO	at ( 786 ) 656-9144 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35,00 made paya	ble to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
·	Tallahassee, FL 32303

**TO:** Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION · FOR A CORPORATION

2020 JUN -2 AH 11:53

l. <u>Linne</u>	TLEON	, hereby resign as PRESIDENT (Title)
of	VENUS COSMETIC SUR	
	(Name	of Corporation)
•	nent Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA		
		0
		Thet
	(?)	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