

P17000044173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

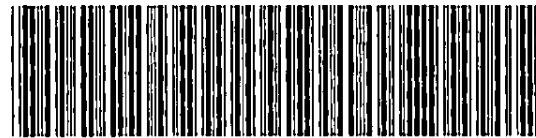
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900318814869

10/01/18--01041--024 **35.00

Old Res.

R. WHITE
OCT 08 2018

FILED
2018 OCT -1 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FL

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jolie Plastic Surgery
(Name of Corporation)

DOCUMENT NUMBER: P17000044173

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

Please return all correspondence concerning this matter to the following:

Jesus Novo, Esq.

(Name of Person)

(Name of Firm/Company)

8492 sw 8 st

(Address)

Miami, FL 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

Jesus Novo, Esq.

(Name of Person)

at (305) 261-7000

(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

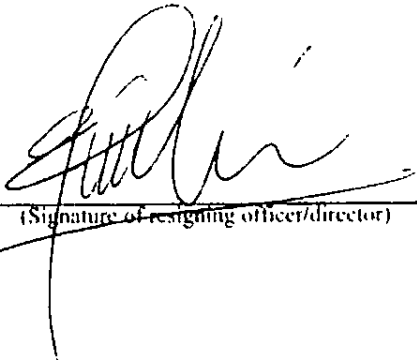
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, EDMANUEL BUMENTE, hereby resign as PRESIDENT
(Title)

of Jolie Plastic Surgery, Inc.
(Name of Corporation)

P17000044173, 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

SECRETARY OF STATE
TALLAHASSEE, FL

2018 OCT -1 AM 11:20

FILED