

P17000058982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

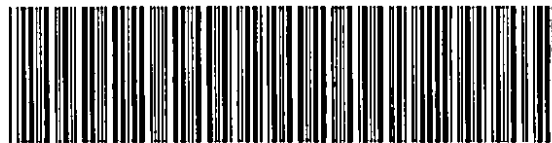
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200306186392

12/05/17--01021--015 ++35.00

DEC 06 2017
S. YOUNG

FILED
17 DEC -5 PM 4:37
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dreams Escape Massag. INC
(Name of Corporation)

DOCUMENT NUMBER: DP7000058982

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

Please return all correspondence concerning this matter to the following:

Gloria M. Rijo Castro
(Name of Person)

Dreams Escape Massage. INC
(Name of Firm/Company)

8359 Beacon Blvd Ste 102
(Address)

Fort Myers FL 33907
(City/State and Zip Code)

For further information concerning this matter, please call:

Gloria M. Rijo Castro at (239) 257-9273
(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, Florin M. Rijo Castro, hereby resign as VP
(Title)

of Dreams Escape Massage, INC.
(Name of Corporation)

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

Florida

Florin M. Rijo Castro
(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

FILED
DEC - 5 PM 4:37
TALLAHASSEE, FLORIDA