P1800000 33164

(Re	equestor's Name)					
(Address)						
(Address)						
(Ci	ty/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
(Bu	usiness Entity Nam	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
	_					

Office Use Only



600335924496

10/28/19--01012--017 **35.00

R. WHITE NOV 2 7 2019



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Body Shop DE THOMAS, INC. (Name of Corporation)
DOCUMENT NUMBER: P18000033164
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
Tomas Perez Alonso (Name of Person)
Bocky Shop DE THOMAS, ZNC. (Name of Firm/Company)
245 5eD 62 nd CT (Address)
Gity/State and Zip Code)
For further information concerning this matter, please call:
TOHOS Perez Alonso at (305) 316-7267. (Name of Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E044 (05/13)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı. Ka	Ag C. Fo	Pentes	, hereb	y resign as	Presia	ant	
of	\mathcal{O}					itle)	
		(Name of Cor	rporation)	·····	**		············
P18	cument Number, if know	164 ac	corporation o	rganized unde	r the laws of th	e State of	
	Florida						
		ĩ	5/1/2	`			
		(Signati	are of resigning	officer/director)		
						201	
						2019 OCT	- (*)
						28	•
		FILIN	NG FEE IS S	35.00		P	ز د چستني

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314