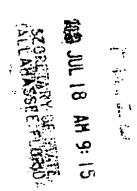
P19000017082

(Requ	uestor's Name)	
		<u>.</u> .
(Addı	ess)	
(Addi	ess)	
(City/	State/Zip/Phone	€ #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nan	ne)
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(1000)	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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TRANSMITTAL LETTER

JII O MO. TO: Amendment Section Division of Corporations SUBJECT: LA EXCLUSIVA FASHLON
(Name of Corporation) DOCUMENT NUMBER: P190000 17082 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YENY ARAGON
(Name of Person) LA EXCLUSIVA FASHION, INC
(Name of Firm/Company) 357 EAST IST AVE HIALEAH FL, 33010
(City/State and Zip Code) For further information concerning this matter, please call: CELESTE NOVAS at (786) 394 7821

(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 YENY AR	AGON	, hereby resign as	PRESIDENT
·,		_, , , ,	(Title)
of LA EXCLUS	IVA FAS		NC,
	(Name of Corporat	on)	
P190001708 (Document Number, if known)	, w vo. p v	ration organized unde	er the laws of the State of
FLORIDA		•	
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	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		TO BE
	assit.		9.
	A lature of	resigning officer/director	5
	7		

FILING FEE IS \$35.00

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

9

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