

P19 0000 56215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

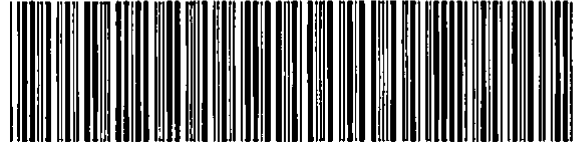
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200332765262

08/14/19--11:12--001 44 15,00

FILED

19 AUG 14 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 20 2019

T. SCHROEDER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TWINPLEASURES BY DEENA-TREVENA, INC.
(Name of Corporation)

DOCUMENT NUMBER: P19000056215

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

Please return all correspondence concerning this matter to the following:

John H. Trevena

(Name of Person)

(Name of Firm/Company)

801 West Bay Drive, Suite 509

(Address)

Largo, FL 33770

(City/State and Zip Code)

For further information concerning this matter, please call:

John H. Trevena

(Name of Person)

at (**727**) **581-5813**

(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
409 E. Gaines Street
Tallahassee, FL 32399

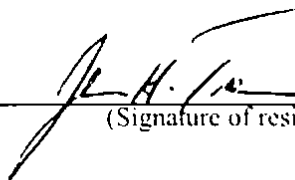
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, John H. Trevena, hereby resign as Secretary/Director
(Title)

of TWINPLEASURES BY DEENA-TREVENA, INC.
(Name of Corporation)

P19000056215, 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

FILED
19 AUG 14 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA