P94000021317

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
· (Ci	ty/State/Zip/Phone	<u></u> ≽#)
PICK-UP	☐ WAIT	MAIL
(Вс	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Off Resign

09/05/07--01015--030 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Artistic Expressions Inc.
DOCUMENT NUMBER: P9400071317
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Diane Gagliano (Narho of Person)
Artistic Expressions, Inc. (Name of Firm/Company)
6 E. Broadway St. (Address)
Oviedo, FL. 32765 (City/State and Zip Code)
For further information concerning this matter, please call:
Diane Gagliano at (407) 247-1052 (Name offerson) (Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
2007 SEP-5 PM 2: 48
TALLAHASSEE. FLORIDA

I, Diane Gagliano, hereby resign as president	
of Artistic Expressions Inc. (Name of Corporation)	
P9400021317 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