

P9500003797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

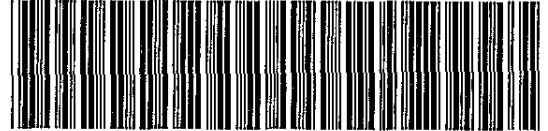
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03 OCT -2 PM 2:42  
F. J. E. D.  
LLA/LLC L. 000000

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Beverly Reskin, hereby resign as TAS (Title)  
of Florida Center for Cosmetic Surgery, Inc. (Name of Corporation)  
P 95000037797, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Beverly Reskin  
(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**  
**03 OCT -2 PM 2:42**  
TALLAHASSEE, FLORIDA