

PD1000081571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

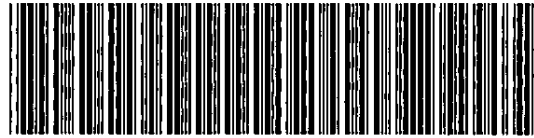
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500104442355

06/18/07--01036--006 **35.00

FILED
07 JUN 18 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OLD Res.
sf

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CRISTINA HAIR STYLIST, INC
(Name of Corporation)

DOCUMENT NUMBER: P01000081571

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

Please return all correspondence concerning this matter to the following:

RAMONA GARCIA
(Name of Person)

(Name of Firm/Company)

12220 WILD IRIS WAY, APT. 108
(Address)

ORLANDO, FL 32837
(City/State and Zip Code)

For further information concerning this matter, please call:

RAMONA GARCIA at (321) 239-7699
(Name of Person) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, RAMONA GARCIA, hereby resign as VICE-PRESIDENT
(Title)

of CRISTINA HAIR STYLIST, INC
(Name of Corporation)

P01000081571, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

* Ramona Garcia
(Signature of resigning officer/director)

FILED
07 JUN 18 AM 10:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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