

PIS0000096551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

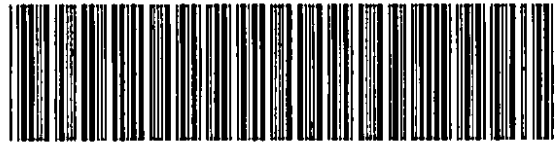
(Business Entity Name)

(Document Number)

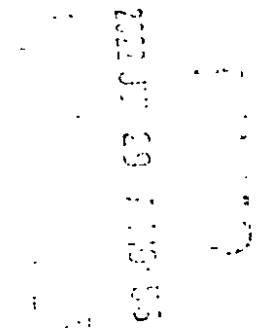
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old Resignation

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BEEUTIFUL SALON, INC.

(Name of Corporation)

DOCUMENT NUMBER: P18000096581

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

Please return all correspondence concerning this matter to the following:

Robert M. Bulfin, Esq.

(Name of Person)

Panza, Maurer & Maynard, P.A.

(Name of Firm/Company)

2400 E. Commercial Boulevard, Suite 905

(Address)

Fort Lauderdale, Florida 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert M. Bulfin, Esq.

(Name of Person)

at (954) 390-0100
(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:

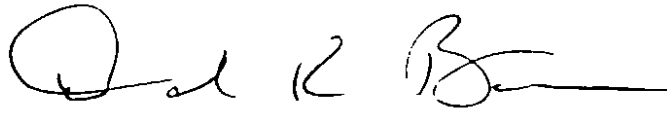
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

DAVID R. BEE DIRECTOR / SECRETARY / AND ALL POSITIONS
I, _____, hereby resign as _____
(Title)

BEEUTIFUL SALON, INC.
of _____
(Name of Corporation)

P18000096581
_____, a corporation organized under the laws of the State of
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

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