

F94000002549

Theresa Alfieri
Requestor's Name

CT Corp. Sys.
1633 Broadway
Address

NY, NY 10019
City/State/Zip Phone #

FILED
98 FEB -5 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) 800002422618--7
-02/05/98--01073--015
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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

VS FEB 6 1998

RA resig.



Florida Department of State, Jim Smith, Secretary of State

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RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statutes, the undersigned, C T CORPORATION SYSTEM hereby resigns as
(name of registered agent)

Registered Agent for NATIONAL HAIR CARE CENTERS, INC.
(name of corporation)

ORGANIZED UNDER THE LAWS OF THE STATE OF TENNESSEE

A copy of this resignation was mailed to the above listed corporation at its last known address.

P.O. Box 6860
Sherwood, AR 72124
Attn: Wayne Riffle

The agency is terminated and the office discontinued on the 31st day after the date on which the statement was filed.


SIGNATURE
ASSISTANT SECRETARY

FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation

\$35.00-Administratively Dissolved Corporation