

515469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

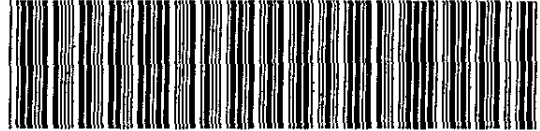
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*called 8/16  
Edith gave authority to  
list only the name  
KUKHI Ryden  
ARB.*

Office Use Only



600039722176

08/11/04--01019--002 \*\*35.00

04 AUG 11 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*(C)  
0/0 ARB  
ARB  
8/16*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** POSH FOR HAIR, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** J 15469

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

Please return all correspondence concerning this matter to the following:

EDYTHE BULLISON  
(Name of Person)

POSH FOR HAIR, INC  
(Name of Firm/Company)

271 S.OCEAN BLVD.  
(Address)

MANALAPAN, FL 33462  
(City/State and Zip Code)

For further information concerning this matter, please call:

EDYTHE BULLISON at (561) 582-4447  
(Name of Person) (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  
409 E. Gaines Street  
Tallahassee, FL 32399

I, \_\_\_\_\_, Kukh Rydman, hereby resign as PRESIDENT  
(Title)

of POST FOR HAIR, INC.  
(Name of Corporation)

\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA.

Grace Lu Kuhl Rosh  
(Signature of resigning officer/director)

FILED  
04 AUG 11 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314