

m52920

NO Return Address

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

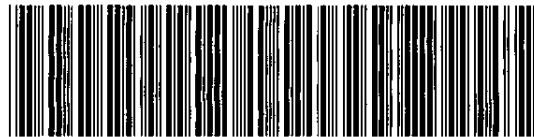
(Document Number)

Certified Copies _____ Certificates of Status _____

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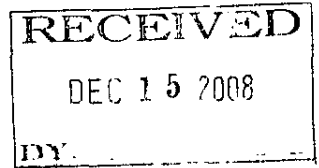
FILED

2009 MAR -2 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Obb
rev
S2

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**



I, MARITZA MAGALDE, hereby resign as DIRECTOR
(Title)
of RUDY MAGALDE HAIR STYLIST, INC.
(Name of Corporation)
#M 52920, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

M. Magalde
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA