

P000000042027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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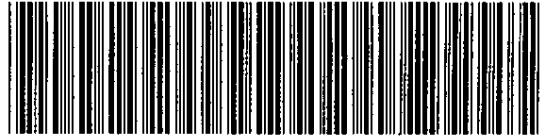
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1/12/09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2008

KAREN SEAYER OR LEE VALENTI
PERFECTIONS SALON
3150 TAMPA RD., SUITE 9
OLDSMAR, FL 34677

SUBJECT: PERFECTIONS SALON, INC.
Ref. Number: P00000042027

We have received your document for PERFECTIONS SALON, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 908A00060946

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2009 JAN -5 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PERFECTIONS SALON, INC.
(Name of Corporation)

DOCUMENT NUMBER: P00000042027

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

Please return all correspondence concerning this matter to the following:

MARIA FONSECA
(Name of Person)

PERFECTIONS SALON
(Name of Firm/Company)

3150 TAMPA RD., STE. #9
(Address)

OLDSMAR, FL 34677
(City/State and Zip Code)

For further information concerning this matter, please call:

OLYMPIA VALERTI at (727) 789-3897
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARIA FONSECA, hereby resign as PART-OWNER
(Title)

of PERFECTIONS SALON, INC
(Name of Corporation)

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

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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TALLAHASSEE, FLORIDA