

PO2000022536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

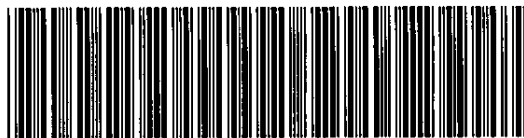
(Document Number)

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600138983786

Resignation
of Officer

12/17/08--01001--001 **122.50

RECEIVED

08 DEC 16 PM 3:20

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 DEC 16 PM 3:28

DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
12/16/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Naturally U Braid Studio
(Name of Corporation)

DOCUMENT NUMBER: P02000022536

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

Please return all correspondence concerning this matter to the following:

Marcina Williams
(Name of Person)

Naturally U Braid Studio
(Name of Firm/Company)

1241 West Tharpe St c-3
(Address)

Tallahassee, FL 32303
(City/State and Zip Code)

For further information concerning this matter, please call:

Marcina Williams at (850) 212-5712
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

08 DEC 16 PM 3:28


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Marcina Williams, hereby resign as Director
(Title)

of Naturally U Braid Studio Inc.
(Name of Corporation)

P02000022536, 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