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## TRANSMITTAL LETTER

to the serve

TO: Amendment Section Division of Corporations
SUBJECT: Salon Klenage Inc. (Name of Corporation)
DOCUMENT NUMBER: PO200066639
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)  Solom of Person)  (Name of Firm/Company)
19300 W LAKE DRIVE
(City/State and Zip Code)
For further information concerning this matter, please call:    Ocace   Grant   at ( P6)   2/2 - /02 0     (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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I. Desce Tejeda, hereby resign as Derector (Title)	<u>.</u> P. <u>Santa</u>
of Salm Merage, Inc. (Name of Corporation)	r Film
Pozooo 66639, a corporation organized under the laws of the State of (Document Number, if known)	
Florion	ý
Signature of resigning officer/director)	سدي د تو

## 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