## PO2000/25146

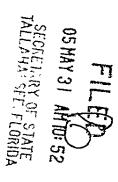
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DE ANNE'S HAIR DESIGNS INC	
(Name of Corporation)	7
DOCUMENT NUMBER: P02000125146	,
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lawrence Swan	
(Name of Person)	
Caloosehatche Tax & Financial Service Inc  (Name of Firm/Company)	
1008 NE 7th Terrace Suite D	
(Address)	
Cape Coral Florida 33909	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
Lawrence Swan at (239) 242-2402 (Name of Person) (Area Code & Daytime Telephone Number)	
(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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, RONESSI, ANGELA	hereby resign as Director (Title)	
of DE ANNE'S HAIR DESIGNS INC	Corporation)	प्राच
P02000125146 (Document Number, if known)	a corporation organized under the laws of the State of	•
Florida	and the second of the second	,

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to: Properties of State and mail to: ORAN

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