

P03000093254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

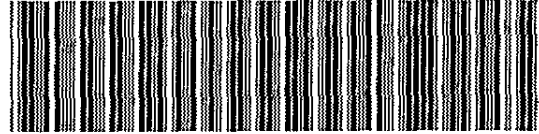
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN -9 AM 8:31

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FACETIQUE HAIR DESIGNERS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000093254

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

IRENE FRANZESE

(Name of Person)

FACETIQUE HAIR DESIGNERS, INC.

(Name of Firm/Company)

31401 SATIN LEAF RUN

(Address)

BROOKSVILLE, FL 34602

(City/State and Zip Code)

For further information concerning this matter, please call:

IRENE FRANZESE

(Name of Person)

at (352) 263-8033

(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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN -9 AM 8:31

I, IRENE FRANZESE, hereby resign as PRESIDENT
(Title)

of FACETIQUE HAIR DESIGNERS, INC.
(Name of Corporation)

P03000093254, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Irene Franzese
(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