P03000105456

(Pa	questor's Name)				
(Re	equestor's Name)				
	<u>.</u>				
(Ad	dress)				
(Ad	ldress)				
(Cit	y/State/Zip/Phone #	<i>‡</i>)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Name				
(24	·	,			
	cument Number)				
(DC	cument Number)				
Certified Copies Certificates of Status					
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Special Instructions to	Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FI ORINA

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COVER LETTER

Division of Corporations
SUBJECT: Hall of Fame Barbershop II (Name of Corporation)
DOCUMENT NUMBER: 403000 1054 56
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Horrey Hill (Name of Person)
-lall of fame Bable Shop (Name of Firm/Company)
800 West Sample Road
Cyal Soring FL 33065 (City/State and Zip Code)
For further information concerning this matter, please call:
horrey Hill at (954) 263-1448 (Area Code & Daytime Telephone Number)

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Horrey	HIII	, hereby res	ign as D1	recture (Title)	
or Hall	of far Name o	ne Barb	ershop	工,二	<u>-</u> h.c
P03000 (Document Numb	105456	, a corporation organi	zed under the la	ws of the State of	
Florida		•			
				***, *	4.
	Y.	2-1701 W.	<i>0</i> 0	SECRE!	09 AUG
_	(Si _k	gnature of resigning office	er/director)	ARY OF SSEE, F	FILED PM
				STAT LORIC	

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