04000003941

(Requestor's Name)	
(Address)	50015872
(Address)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	07/22/0901009
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	· · · · · · · · · · · · · · · · · · ·
Special Instructions to Filing Officer:	
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Teurs 7-24-09

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Wave Lengths Ha	ir Design 1, Inc.
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: PO	400003941
The enclosed Officer/Director Re	signation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
Amy Barber	
(Name of Po	erson)
Professional Accounting, LLC	;
(Name of Firm/	Company)
38743 Otis Allen Road	
(Addres	s)
Zephyrhills, FL 33540	
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
Amy Barber	at (813) 788-8040 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	ade 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

09 JUL 22 AM 8: 27

TALLAHASSEE, FLORIDA

Marlene Kraszka	, hereby resign as Vice President
,	(Title)
$_{ m of}$ Wave Lengths Hair Design	
()	Name of Corporation)
P0400003941 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	·
Ma	(Signature of resigning of iner/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