

P040000023040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

P04-23040

(Document Number)

Certified Copies _____ Certificates of Status _____

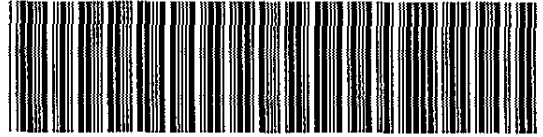
Special Instructions to Filing Officer:

12/19 Off Rec.

FIS + DATE

Office Use Only

M. HODGES



200062157092

12/19/05--01031--011 **105.00

FILED
05 DEC 19 PM 1:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:

Triple "SSS" Salon, Inc.
(Name of Corporation)

DOCUMENT NUMBER:

PO4000023040

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Audrey May
(Name of Person)

Triple "SSS" Salon, Inc.
(Name of Firm/Company)

13847 82nd St. N.
(Address)

West Palm Bch, FL 33412
(City/State and Zip Code)

For further information concerning this matter, please call:

Audrey May
(Name of Person)

at 561.790.7288
(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**

I, Cudney May, hereby resign as President
(Title)
of Triple "SSS" Salon, INC.
(Name of Corporation)
PO4000023040, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Cudney May
(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

FILED
05 DEC 19 PM 1:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA