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TRANSMITTAL LETTER

SUBJECT: (Name of Corporations)

SUBJECT: (Name of Corporation)

DOCUMENT NUMBER: (Name of Corporation)

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Name of Firm/Company)

City/State and Zip Code)

For further information concerning this matter, please call:

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

0

I, Deborah Sweat hereby resign as Secretaring (Title) of Shels 2 Debs Salon, Inc. 1877 (Name of Corporation)	FILED
, a corporation organized under the laws of the State of (Document Number, if known)	
Florida.	
~	

FILING FEE 1S \$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