

PD4000085870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

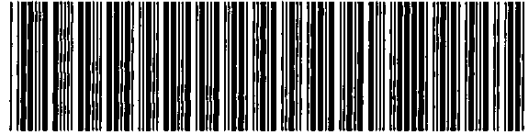
(Business Entity Name)

(Document Number)

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07 SEP 10 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** C'EST SI BON BEAUTY SUPPLIES, SALON INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000085870

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

Please return all correspondence concerning this matter to the following:

**MERY LOPEZ**

(Name of Person)

**LAW OFFICES OF MERY LOPEZ, P.A.**

(Name of Firm/Company)

**150 NW 168 STREET, SUITE 214**

(Address)

**NORTH MIAMI BEACH, FL 33169**

(City/State and Zip Code)

For further information concerning this matter, please call:

**MERY LOPEZ**

(Name of Person)

at ( 305 ) 882-2739

(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**

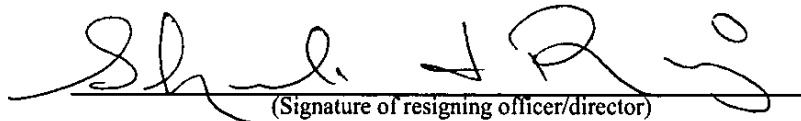
**FILED**  
**07 SEP 10 PM 11:50**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

I, SHEILA T. RUIZ, hereby resign as DIRECTOR  
(Title)

of C'EST SI BON BEAUTY SUPPLIES, SALON INC  
(Name of Corporation)

P04000085870, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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