## P0500056700

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)
(Business Entity Name)  (Document Number)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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11/21/11--01003--016 \*\*35.00



02/1/30

## **COVER LETTER**

SUBJECT: 36'S Box ber Swop.  (Name of Corporation)  P05000056700
(Name of Corporation)
DOCUMENT NUMBER: ¥05000056700
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Manuel Giwllon (Name of Person)
()
36'S Barber Shop (Name of Firm/Company)
(Name of Firm/Company)
590 SE 12 SAIRET # 103
(Address)
Daria Beach Ft. 33004 (City/State and Zip Code)
For further information concerning this matter, please call:
Manuel GwlbJ at (954) 585 0330.  (Name of Person) (Area Code & Daytime Telephone Number)
(Then code to Day time Telephone Punitor)

**Street Address:** 

TO:

Amendment Section **Division of Corporations** 

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

**Mailing Address:** 

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

Amendment Section **Division of Corporations** Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Manuel	GRULLON	, hereby resign as_	Presiden		
			`	Title)	
of 36'S	Beirber 4	Shop Corp	•	1878 A.	_,
70500056 (Document Number FLORU D	700 , a co	orporation organized und	der the laws of th	SEEGH ART OF AUGUST AUGUST AND SEEF, PA	H
	/ \	get of resigning officer/direct	or)	2:01 0780A	<b>®</b>

## 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