POS000106409

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
<u> </u>		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
•		
Certified Copies Certificates of Status		
Consideration to Filipp Officer		
Special Instructions to Filing Officer:		

Office Use Only



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10/03/05--01037--002 **35.00

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PS 10/11/05

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Follow Bixwey of Fashion Line. (Name of Corporation) DOCUMENT NUMBER: POSCOCIC (404)
DOCUMENT NUMBER: POSCOCO GARCY
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Shya Mallea (Name of Person)
(Name of Person)
(Name of Firm/Company)
(Name of Firm/Company)
1400 Hillowst Mr # 7/9
(Address)
Holly wear FL 33021 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 232 59/3 (Area Code & Daytime Telephone Number)
(Name of Person) (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

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JEUNE PARY OF STATE
FALLAHASSEE. FLORIBA

,	IALLAHASSEE, FLORID
I, Schapel Staint, hereby resign as_	UP
of Hollywood Beauty + Cashion, In (Name of Corporation)	(Title)
(Name of Corporation) (Document Number, if known) (Document Number, if known)	the laws of the State of
FLORGIDA	
(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