

PO5000152952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

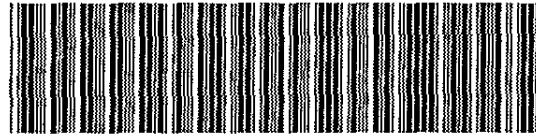
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400084189784

01/18/07--01020--025 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 JAN 18 AM 11:02

Ps 1/24/07
olates.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASYLUM HAIR STUDIO INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000152952

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

Please return all correspondence concerning this matter to the following:

AMEE FORD AND MICHAEL FORD

(Name of Person)

ASYLUM HAIR STUDIO INC.

(Name of Firm/Company)

129 MEDITERRANEAN COURT

(Address)

KISSIMMEE, FLORIDA 34758

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL FORD

(Name of Person)

at (347) 729-3292

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2007 JAN 18 AM 11:02

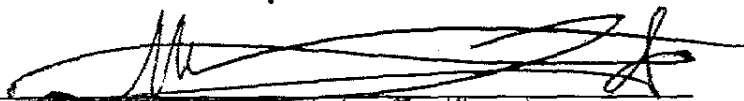
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MICHAEL FORD, hereby resign as Vice-President/Reg. Agent
(Title)

of ASYLUM HAIR STUDIO INC.
(Name of Corporation)

P05000152952, 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