## P06000029690

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(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: THREE SISTERS BEAUTY PARLOR, INC (Name of Corporation)
•
DOCUMENT NUMBER: P06000029690
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
BERTHA ROSARIO
(Name of Person)
ROSARIO ACC, AND IMMIGRATION SERV.
(Name of Firm/Company)
16948 NE 19TH AVENUE
(Address)
NORTH MIAMI BEACH, FL 33162
(City/State and Zip Code)
For further information concerning this matter, please call:
BERTHA ROSARIO  at ( 305 ) 945-7686  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) at (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

## OFFICER / DIRECTOR RESIGNATION 96 OCT 10 PM 3: 31 FOR A CORPORATION SECRETARY OF ATT

TALLAHASSEE, FLORIDA

I. FRANCIA NOVA	, hereby resign as MGRM
	(Title)
of_THREE SISTERS BEAUTY	·
(Na	me of Corporation)
P06000029690 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	
X Tilder	(Signature of resigning officer/director)