

PO6000050541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

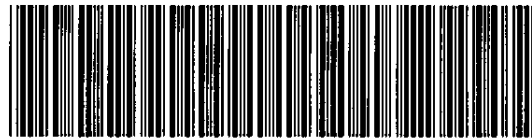
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TO: Amendment Section
Division of Corporations

SUBJECT: FOXY EIGHT BEAUTY SALON
(Name of Corporation)

DOCUMENT NUMBER: P06000050541

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

Please return all correspondence concerning this matter to the following:

JOSE A. RIVERA SR.

(Name of Person)

FOXY EIGHT BEAUTY SALON

(Name of Firm/Company)

6076 OKEECHOBEE BLVD SUITE 47

(Address)

WEST PALM BCH FL 33417

(City/State and Zip Code)

For further information concerning this matter, please call:

NANCY D. RIVERA

(Name of Person)

at (561) 301 6948

(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

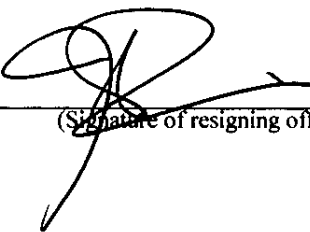
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JOSE A. RIVERA SR., hereby resign as TREASURE
(Title)

of FOXY EIGHT BEAUTY SALON, LLC.
(Name of Corporation)

P06000050541, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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