## Pacoo34895

(Req	uestor's Name)	
(Addı	ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(=	<b>,</b>	···•,
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	
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Office Use Only



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resignation

04/16/07--01026--020 \*\*35.00

FILED
2007 APR 16 PH 4: 56
SECRETARY OF STATE
SECRETARY SEE. FLORID

4/18/01

## **COVER LETTER**

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TO: Amendment Section Division of Corporations	
SUBJECT: POLLEY'S BEAUT	Y BOUTIQUE, INC.
	(Name of Corporation)
DOCUMENT NUMBER: POE	6000086895
The enclosed Officer/Director Res.	ignation for a Corporation and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
SHERRY J. POLLEY	
(Name of Per	rson)
POLLEY'S LICENSED AVON	BEAUTY CENTER
(Name of Firm/C	ompany)
4221 S TAMIAMI TRAIL	
(Address)	
SARASOTA, FL 34231	
(City/State and Z	ip Code)
For further information concerning	this matter, please call:
SHERRY J. POLLEY	at ( 941 ) 544-5008 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	le 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

2007 APR 16 PM 4:56

TALLAHASSEE, FLORID

I, ANTHONY B. TOMPKIN	, nereby resign as	t/Treasurer/b/ Title)
of_POLLEY'S BEAUTY BO	OUTIQUE, INC. (Name of Corporation)	
	(Name of Corporation)	
P06000086895	, a corporation organized under the laws of th	ne 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