

PO6000/18938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

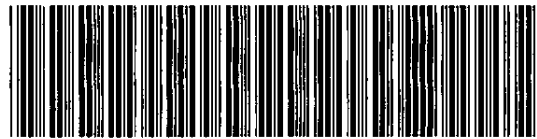
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR -9 AM 11:57

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A Select Salon By Malinda Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO6000118938

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

Please return all correspondence concerning this matter to the following:

Malinda Bailey
(Name of Person)

A Select Salon By Malinda Inc. - 20-5551160
(Name of Firm/Company)

1032 Tamiami Trail Unit 2
(Address)

Port Charlotte, FL 33953
(City/State and Zip Code)

For further information concerning this matter, please call:

Malinda Bailey at (941) 268-3629
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR -9 AM 11:57

I, Linda M. Bailey, hereby resign as Vice President
(Title)

of A Select Salon By Malinda, Inc.
(Name of Corporation)

PO6000118938

(Document Number, if known)

a corporation organized under the laws of the State of

Florida

Linda M. Bailey
(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