P0700006576

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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Certified Copies	Certificates	of Status		
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<u> </u>				
Special Instructions to	Filing Officer:			

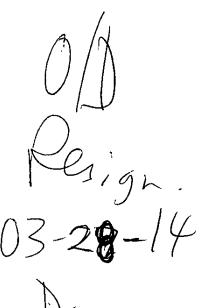
Office Use Only



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03/24/14--01008--011 **35.00





TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CHIC HAIR Care INC. (Name of Corporation)
DOCUMENT NUMBER: PO 700 00 06:76
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
NORMA Wedderburn (Name of Person)
CHIC HAIR CORE INC (Name of Firm/Company)
6908 Silver Stan Rel, orlando (Address)
FL 32 818 - 3131 (City/State and Zip Code)
For further information concerning this matter, please call:
Norma wedderson at (770) 534 4365 (Name of Person) (Area Code & Daytime Telephone Number)

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

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

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, <u>Norma Wedderbu</u>	<mark>∼∕↑</mark> , herel	oy resign as	owner Direc
of CHIC HAIR Cae	•		(Tit)€)
(Name o	of Corporation)		
P0700006576 (Document Number, if known)	_, a corporation o	organized unde	r the laws of the State of
FLorida			
N Wedd	orbwn		
(Si	gnature of resigning	g officer/director)
			MAR 24
FI	ILING FEE IS	\$35.00	
	73		
Make checks payable to	o Fiorida Depai	rtment of Stat	e and mail to: 🏗

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314