

P07000049792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300158918203

08/12/09--01014--018 \*\*35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 AUG 12 PM 2:50

OD/Res  
@ 8/17/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COLOUR SALON SPA INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000049792

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

Please return all correspondence concerning this matter to the following:

ANA RABEIRO  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

10900 SW 104 ST APT 114  
(Address)

MIAMI FL 33176  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANA RABEIRO at ( 786 ) 521-7819  
(Name of Person) (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, ANA RABEIRO, hereby resign as DIRECTOR / PRESIDENT  
SECRETARY / TREASURER  
(Title)

of COLOUR SALON SPA, INC  
(Name of Corporation)

P07000049792, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

(Signature)  
(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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 AUG 12 PM 2:50