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(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:	
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SALON SERVICE SOLUTION, FINC (Name of Corporation)
DOCUMENT NUMBER: PX70002104914
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person) Solven Source Solvetion, Free, (Name of Firm/Company)
10071/, FOOSRAL Huy #97.
FF CAVDEN OALS, FL 3330C/ (City/State and Zip Code)
For further information concerning this matter, please call:
Tosep H Canaux at (954) 829, 150 / (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, Juan Santingo, hereby resign as Vice Presi	DENT
of Saton Sorvice Solution, Inc. (Name of Corporation)	,
Potono 104914, a corporation organized under the laws of the State of (Document Number, if known)	
PLORIDA HASSEF.	
F STATE FLORID	-
(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