γ (Requestor's Name) (Address) ٠ 400159330684 (Address) . (City/State/Zip/Phone #) PICK-UP WAIT MAIL 08/31/09--01016--005 **35.00 (Business Entity Name) Z/Quls (Document Number) Certificates of Status Certified Copies _____ 1 Sugar Special Instructions to Filing Officer: 09 AUG 3 AM 8: 08 Office Use Only TRoberts SEP 0 1 2009

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	DR Hair Salon, INC.
·····	(Name of Corporation)
DOCUMENT NUMBER:	P08000054865

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

Please return all correspondence concerning this matter to the following:

Freddy Valdez

(Name of Person)

DR Hair Salon, INC.

(Name of Firm/Company)

118 Alexandria Place Dr.

(Address)

Apopka, FL 32712

(City/State and Zip Code)

For further information concerning this matter, please call:

Freddy Valdezat (917)292-0869(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 <u>Mailing Address</u>: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION $09_{AUG_{31}}$ $000_{AUG_{31}}$ $0000_{AUG_{31}}$ $0000_{AUG_{31}}$

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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