

PO 9000088670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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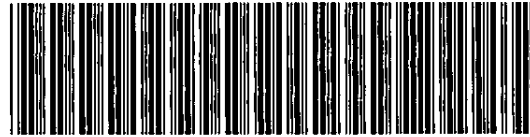
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MILAN BEAUTY SALON, INC
(Name of Corporation)

DOCUMENT NUMBER: P09000088670

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

Please return all correspondence concerning this matter to the following:

MILENA DUENAS REYES

(Name of Person)

MILAN BEAUTY SALON, INC

(Name of Firm/Company)

8168 NW 103RD STREET

(Address)

HIALEAH GARDENS, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

MILENA DUENAS REYES at (786) 210-5426
(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, OMAR DE JESUS GOMEZ, hereby resign as T/S/D
(Title)

of MILAN BEAUTY SALON, INC
(Name of Corporation)

P09000088670, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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