P0900096876

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
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	ocument Number)	
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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10 JAN -6 AM ID: 39

SCORE OF STATE
ALLANASSEE FLORES

2 May

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DNA Wholesale Beauty Supply, INC (Name of Corporation)
DOCUMENT NUMBER: <u>P0900096876</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dieudonne Scraphin (Name of Person)
DNA Wholesale Beauty Supply, INC. (Name of Firm/Company)
551 N.W. 110th St. (Address)
Miami FL. 33168 (City/State and Zip Code)
For further information concerning this matter, please call:
Dieudonne Seyaphin at (786) 317-7715 (Name of Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327

Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Ritho	· Michel	-	_, hereby res	ign as	Direc	tor	.	
							(Title)		
of	AND	Wholes ALE (Name	Ben	uty S	upple	1, Inc	~ .		,
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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