## P10000009494

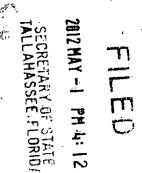
(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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DR 5/7/12

## **COVER LETTER**

Division of Corporations	
SUBJECT: Black Henna Kits, I	nc.
1	(Name of Corporation)
DOCUMENT NUMBER: P10	000009494
The enclosed Officer/Director Resi	ignation for a Corporation and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
Ronald I Wells	
(Name of Per	son)
Black Henna Kits, Inc.	
(Name of Firm/C	ompany)
14361 SW 79th Terrace	
(Address)	
Ocala, FI 34473	
(City/State and Z	ip Code)
For further information concerning	this matter, please call:
Jeannette M Wells	at ( 954 ) 326-9211 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	de payable to the Florida Department of State.
Street Address: Amendment Section	Mailing Address: Amendment Section
Division of Corporations	Division of Corporations
Division of Corporations Clifton Building 2661 Executive Center Circle	Post Office Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314

FILED

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 2012 MAY -1 PM 4: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Ronald I Wells	, hereby resign as President	
,	, 10100 j 100 g.1 du	(Title)
of Black Henna Kits, Inc		
Y ^ <u></u>	ame of Corporation)	<u></u>
P1000009494, a corporation organized under the laws		ne laws of the State of
(Document Number, if known)		
Florida		

(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