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TO: Amendment Section Division of Corporations
SUBJECT: Grand Slam Barber Shop, Inc. (Name of Corporation)
DOCUMENT NUMBER: P10000026005
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Emil Clayton Lyons, CPA (Name of Person)
Lyons and Lyons, CPAs (Name of Firm/Company)
106 West Blvd (Address)
Macclenny, FL. 32063 (City/State and Zip Code)
For further information concerning this matter, please call:
Emil Clayton Lyons, CPA at (904) 259-4307 (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, Shelly P. M	ann	, hereby resign as	President	itle)	_
of Grand Slam	n Barber ((Name of Corpora	Shop, Inc.		,	.,
Ploocooctoo5 (Document Number, if k		oration organized und	 ler t he laws of th	e State of	
Florida	·				
				AND SEONE BY A DON BRIE	- - 1 -1
	July (Signature)	P. Mau. fresigning officer/direct	W or)	/ 12 PM	
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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