

PI0000059011

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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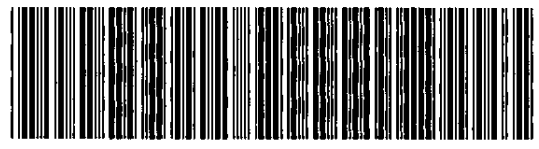
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\_\_\_\_\_  
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@ 9/16/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARTIS BEAUTY ACADEMY OF FLORIDA , INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000059011

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

Please return all correspondence concerning this matter to the following:

SERGIO M. BORGES

(Name of Person)

ARTIS BEAUTY ACADEMY OF FLORIDA , INC.

(Name of Firm/Company)

1619 NW 27 AVE

(Address)

MIAMI, FL. 33124

(City/State and Zip Code)

For further information concerning this matter, please call:

SERGIO M BORGES

(Name of Person)

at ( 786 ) 499-2803

(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, LUISA E. PEREZ, hereby resign as PRESIDENT  
(Title)

of ARTIS BEAUTY ACADEMY OF FLORIDA, INC.  
(Name of Corporation)

P10000059011, a corporation organized under the 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

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