

P1000042946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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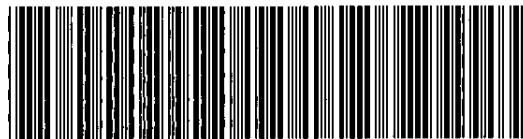
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LATIN AMERICAN HAIR SALON INC.
(Name of Corporation)

DOCUMENT NUMBER: H11000123258

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EMMA LOPEZ

(Name of Person)

PROFESSIONAL OFFICE SERVICES OF BROWARD

(Name of Firm/Company)

901 SO. STATE ROAD 7, SUITE 445

(Address)

HOLLYWOOD, FL 33023

(City/State and Zip Code)

For further information concerning this matter, please call:

EMMA LOPEZ

(Name of Person)

at (954) 964-9205

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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, YRIS TAVAREZ, hereby resign as VICE-PRESIDENT
(Title)

of LATIN AMERICAN HAIR SALON, INC.
(Name of Corporation)

H110000123258, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

2011 JUL 29 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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