

P11000056567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vision Salon, Inc
(Name of Corporation)

DOCUMENT NUMBER: P11000056567

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

Please return all correspondence concerning this matter to the following:

Melissa Mengarelli

(Name of Person)

Vision Salon Inc

(Name of Firm/Company)

824 W Cumberland Court

(Address)

Jacksonville, FL 32259

(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa Mengarelli

(Name of Person)

at (904) 687-7347

(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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Robert Mengarelli, hereby resign as Vice President
(Title)

of Vision Salon, Inc
(Name of Corporation)

P11000056567, 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

FILED
13 OCT -7 PM 3:00
STATE DEPT OF STATE
TALLAHASSEE FL 32314