

P12000092199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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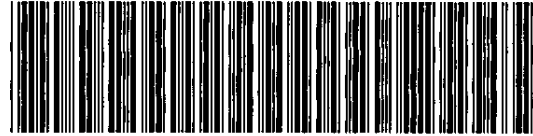
(Business Entity Name)

(Document Number)

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14 MAR 24 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
MAR 25 2014
EXAMINER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fion's Beauty, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P12000092199

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

Please return all correspondence concerning this matter to the following:

MONICA PRIGIONI

(Name of Person)

(Name of Firm/Company)

401 GOLDEN ISLES DR 404

(Address)

HALLANDALE, FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

MONICA PRIGIONI at **954 665-0882**
(Name of Person) (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**

APPROVED
AND
FILED

14 MAR 24 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MONICA PRIGIONI, hereby resign as VICE PRESIDENT
(Title)

of Fion's Beauty, Inc.
(Name of Corporation)

P12000092199, 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