P13000049330

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



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13 JUL 29 PM 4: 3

DP 7/30/13

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Pamela's Salon Inc. (Name of Corporation) DOCUMENT NUMBER: P 13000049330		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Panela D. Murray (Name of Person)		
Pamela's Salon Inc. (Name of Firm/Company)		
10111 SW LOPL (Address)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Rame of Person) (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
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2813 JUL 29 PM 4: 37

I, <u>Melanie Wallace</u> , hereby resign as_	SECTION OF STATE VIEW TALLAHASSEE, FLORIDA (Title)
of Pamela's Salon, Inc. (Name of Corporation)	·
P13000 49330 , a corporation organized une (Document Number, if known)	der the laws of the State of
Florida.	

Marie PWallace
(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