P14000031672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REMOVAL OF OFFICER/DIRECTOR
(Name of Corporation)

DOCUMENT NUMBER: P14000031672

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

Please return all correspondence concerning this matter to the following:

YOVANNY CALDERON
(Name of Person)

FABIO SALON INC
(Name of Firm/Company)

1653 E HARMONY LAKES CIRCLE
(Address)

DAVIE FL 33324
(City/State and Zip Code)

For further information concerning this matter, please call:

FABIO CALDERON at (954) 562-8586
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, YOVANNY CALDERON, hereby resign as PD (Title)

of FABIO & YOVANNY SALON INC (Name of Corporation),

P14000031672 (Document Number, if known), a corporation organized under the laws of the State of FLORIDA.

Authentisign
Yovanny Calderon
(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FL

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