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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

CUD IECT.	IMPRESSIONS SALON	I, INC.		
SUBJECT	(Name of Corporation)			
DOCUMENT N	NUMBER: P17000012	756		
The enclosed Of	Ticer/Director Resignati	ion for a Corpc	oration and fee are submitted for filing.	
Please return all	correspondence concer	ning this matte	er to the following:	
ALEX ROSENTHA	AL.			
	(Name of Person)	_		
ROSENTHAL LAV	W GROUP			
	(Name of Firm/Compar	ny)		
2115 NORTH COM	MERCE PARKWAY			
	(Address)			
WESTON, FL 3332	26			
·-	(City/State and Zip Coo	de)	<u></u>	
For further infor	mation concerning this	matter, please	call:	
ALEX ROSENTAL	-	954	384-9200) a Code & Daytime Telephone Number)	
. (1	Name of Person)	at ((Area	a Code & Daytime Telephone Number)	
Enclosed is a cho	eck for \$35.00 made pag	yable to the Flo	orida Department of State.	
Mailing Ac			reet Address:	
	ent Section		Amendment Section	
	of Corporations		Division of Corporations The Centre of Tallahassee	
P.O. Box			115 N. Monroe Street, Suite 810	
rananass	see, FL 32314	24	+15 IN. MOINOC SUCCE, SUICE 6 IV	

Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Cindy Cammarano	Secretary and director, hereby resign as(Title)		
I,	, nereby resign as	(Title)	
Impressions Salon, Inc.			
(Na	nne of Corporation)	· · · · · · · · · · · · · · · · · · ·	
P17000012756 (Document Number, if known)	a corporation organized under the la	ws of the State of	
Florida			
Cond	(Signature of resigning officer/director)	2021 FEB -8 PM	
	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