

P98000068359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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(Business Entity Name)

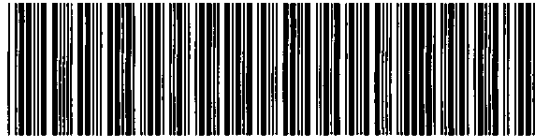
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANGEL'S BEAUTY SALON, INC
(Name of Corporation)

DOCUMENT NUMBER: P 98000068359

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

Please return all correspondence concerning this matter to the following:

LUIS BULAS
(Name of Person)

LUIS BULAS & ASSOC., PA
(Name of Firm/Company)

407 ARAGON AVE
(Address)

CORAL Gables FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

Luis BULAS at (754) 368-2330
(Name 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ABEL OCHOA, hereby resign as President
(Title)

of ANGEL'S BEAUTY SALON, INC.
(Name of Corporation)

P98000068359, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

X Abel Ochoa
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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