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TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Stars Salon, Inc.	
SUBSECT.	(Name of Corporation)
DOCUMENT NUMBER: P9	9000066147
The enclosed Officer/Director Re	signation for a Corporation and fee are submitted for filing
Please return all correspondence of	concerning this matter to the following:
John E. Rulka	
(Name of Pe	erson)
Stars Salon, Inc.	
(Name of Firm/s	Company)
3215 N Ocean Blvd.	
(Address	s)
Fort Lauderdale, FL 33308	
(City/State and 2	Zip Code)
For further information concerning	g this matter, please call:
John E. Rulka	at (954) 651-1319 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	ade 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 409 E. Gaines Street Tallahassec, FL 32399

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILING FEE 1S \$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