P01000056412

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	ŧ
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		į

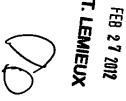
Office Use Only



800222794778

02/27/12--01007--005 **35.00





COVER LETTER

SUBJECT: PRO NAILS ACADEMY, INC.	
(Name of Corporation)	,
DOCUMENT NUMBER: P01000056412	
The enclosed Officer/Director Resignation for a Corporation and fee are	submitted for filing
Please return all correspondence concerning this matter to the following	:
HUONG NGUYEN	
(Name of Person)	
PROUNICS A CADEMY INC (Name of Firm/Company)	
2115 W COLONIAL DRIVE	•
(Address)	
ORLANDO, FL 32804	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
HUONG NGUYEN at (407) 284-786 (Name of Person) (Area Code & Daytime)	1
(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	

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	, hereby resign as SECRETARY
	(Title)
of PRO NAILS ACADEMY, INC.	•
(Name of Corpo	oration) ,
P01000056412 ,a con (Document Number, if known)	poration organized under the laws of the State of
FLORIDA	

(Signature of resigning officer/director)

12 FEB 27 AH III. 4.7

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