F14000001090

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
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SECRETARY OF STATE



COVER LETTER

Division of	Corporations		
SUBJECT:	ATHENA COSMETIC		
		(Name of Corporation)	
DOCUMENT NU	MBER: F14000	0001090	
The enclosed Resig	gnation of Registered A	Agent for a Corporation and fee are submit	ted for filing.
Please return all co	orrespondence concern	ning this matter to the following:	
ann bon acon	,		
SHARON COOK			
	(Name of Person)		
PARACORP IN	CORPORATED		
	(Name of Firm/Company	ny)	
PO BOX 1605	668		
	(Address)		
SACRAMENTO	, CA 95816		
	(City/State and Zip Code	le)	
For further information	ation concerning this m	matter, please call:	
PARACORP INC	CORPORATED ame of Person)	at (<u>888</u>) <u>272-3725</u> (Area Code & Daytime Telephone Ni	umber)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO: Amendment Section

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, PARACORP INCORPORATED	
(Name of Registered Agent)	
hereby resigns as Registered Agent forATHENA COSMETICS, INC.	
(Name of Corporation)	
F1400001090	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known address.	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	
Strain (Signature of Resigning Agent) If signing on behalf of an entity:	
SHARON COOKE	
(Typed or Printed Name)	
(Typed or Printed Name) IS NOT THE PROPERTY OF THE PROPERTY O	
ASST SECRETARY	
(Capacity)	
Fee for filing this document:	

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314