## POIOOOQI638 Requester's Name KHANH Q JO 23005 STATE ROOD 7- 441 BOCARATON, FL. 3342X Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	2000045387329 -08/16/0101072012
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other  V SHEPARD AUG 232001
	Examiner's Initials

CR2E031(7/97)



## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of section	is 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	TAM V.HO
,	(Name of registered agent)
hereby resigns as Registered Agent for _	for PERFECTION NAILS, INC.
	(Name of corporation)
•	
A copy of this resignation was maile	d to the above listed corporation at its last known address.
The agency is terminated and the off this statement is filed.	ice discontinued on the 31st day after the date on which
	(Signature of resigning agent)
If signing on behalf of an entity:	
Т	AM V. HO
-	(Typed or Printed Name)
<b>7</b>	RES. VOLUM
	(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

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