## P0100011355/

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to F	Filing Officer:	





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2005 FEB 11 PH 12: 53
SECRETARY OF STATE

R.A. Resignation 2-21-06

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HAIRMAX OF FLORIDA IN G
DOCUMENT NUMBER: 101000115521
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
HAROLD MARTIN (Name of Person)
LAW OFFICE OF HAROLD MARTIN
1711 Kentan Drive-Suite 100-B
OD KNELLUS N. C. 2503/ (City/State ard Zip Code)
For further information concerning this matter, please call:
HAROCOMADIN at (704) 894-9760 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2005 FEB 11 PM 12: 53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,
hereby resigns as Registered Agent for HAIRMAX OF FLORIDA, Ju. C. (Name of Corporation)
(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.  Also Color (Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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
Tallahassec, FL 32314