

P02 000028437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

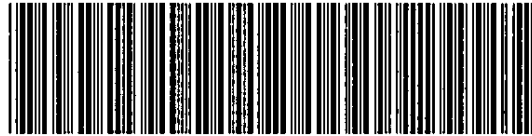
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900160223619

09/14/09--01004--006 \*\*35.00

FILED  
09 SEP 14 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*C. Coulliette*  
C.COULLIETTE

SEP 16 2009

EXAMINER

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ANGLES NAILS, INC

DOCUMENT NUMBER: P02000028437

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NHU-ANH THI NGUYEN

Name of Contact Person

ANGLES NAILS, INC.

Firm/ Company

6677 103RD ROAD, STE 11

Address

JACKSONVILLE FL 32210

City/ State and Zip Code

mtran@itechpersonnel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NHU-ANH THI NGUYEN

Name of Contact Person

at ( 904 ) 779-9199

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Tu-Anh Thi Nguyen, hereby resign as President/owner  
(Title)

of Angles Nails, Inc.  
(Name of Corporation)

P02000028437, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**FILED**  
09 SEP 14 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314