P03000033736

(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:						





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04/27/04--01036--023 **87.50

O4 APR 16 PM 2:39
SECRETARIO STATE
TALLAHASSEE, FLORIDA

RA Res

TRANSMITTAL LETTER

TO: Amendment Division of	Section Corporations			<u>-</u>	<u>.</u>
SUBJECT:	Sunkissed	Airbrush (Name of Corpora	ing In	<u>c</u> .	-
DOCUMENT NUM	MBER:			<u> </u>	
The enclosed Resign	nation of Registere	ed Agent for a Corpo	ration and fee	are submitted fo	or filing.
Please return all cor	respondence conc	erning this matter to	the following:		
Amy Ac	(Name of Person)	_	w · .	
Sun Kissee	Name of Firm/Comp	panys , Inc	<u>-</u>		
2301 Lake	Debra 1 (Address)	xive # 117	<u>.</u>		
Oclanda, f	-/ 3083 City/State and Zip C	Sode)	: -	·	
For further informat	ion concerning thi	is matter, please call:			
Amy Arch	ne of Person)	at (<u>407</u> (Area Cod) 6/7 - 3 le & Daytime Te	7593 Elephone Number)
Enclosed is a check or \$35.00 for an adn	made payable to fl ninistratively disso	he Florida Departme Dlved, voluntarily dis	nt of State for t solved or with	\$87.50 for an ac drawn corporati	ctive corporation on.
Mailing Address: Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	ions I	Street Address: Amendment Section Division of Corporati 409 E. Gaines Street Tallahassee, FL 3239			

20302 .0.00

MEAS_TRANPORTATION

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.15	509,
Florida Statutes, the undersigned,	
hereby resigns as Registered Agent for Sun Kissed Air brushin (Name of Corporation)	g, Inc.
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	n address.
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filled.	which .
If signing on behalf of an entity:	
(Typed or Printed Name)	O4 APR 16 SECRETALLAHASSE
(Capacity) Fee for filing this document: \$87.50 - Active corporation	16 PH 2: 39 SSEE, FLORIDA
\$35.00 - Administratively dissolved/voluntarily dissolved/	•

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahasser, FL 22314

withdrawn corporation