



P03 000098477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

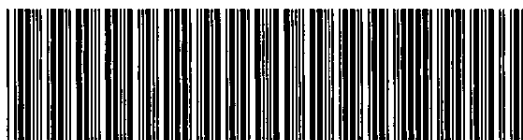
(Business Entity Name)

(Document Number)

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O/D Resign.
11/30/12
DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MATRIX NAILS INCORPORATED
(Name of Corporation)

DOCUMENT NUMBER: P03000098477

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GAM LUONG

(Name of Person)

MATRIX NAILS INCORPORATED

(Name of Firm/Company)

318 SE 2ND STREET

(Address)

DEERFIELD BEACH FL 33441

(City/State and Zip Code)

For further information concerning this matter, please call:

GAM LUONG

(Name of Person)

at (**954**) **643-8349**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MINH NGUYEN, hereby resign as CO PRESIDENT
(Title)

of MATRIX NAILS INCORPORATED
(Name of Corporation)

P03000098477, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
12 NOV 26 PM 3:36
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

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

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