

P03 000157114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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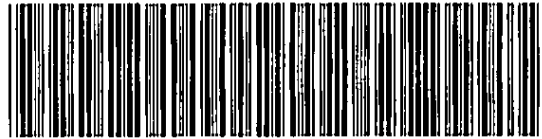
(Business Entity Name)

(Document Number)

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2021 JUL -6 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FL

A. Butler

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RED NAILS SALON, INC.

(Name of Corporation)

DOCUMENT NUMBER: P03000157114

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:

KINH X. NGUYEN

(Name of Person)

RED NAILS SALON, INC.

(Name of Firm/Company)

421 PAGE BACON ROAD

(Address)

MARY ESTHER, FL 32569

(City/State and Zip Code)

For further information concerning this matter, please call:

KINH X. NGUYEN at (850 368-1909)

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION

2021 JUL -6 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, JANET GENTRY CPA-PA

(Name of Registered Agent)

hereby resigns as Registered Agent for RED NAILS SALON, INC.

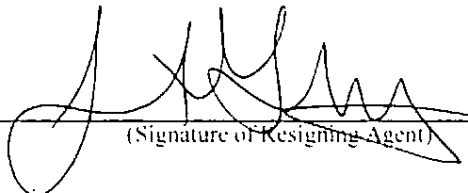
(Name of Corporation)

P03000157114

(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.


(Signature of Resigning Agent)

If signing on behalf of an entity:

JANET GENTRY
(Typed or Printed Name)

Self
(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
Tallahassee, FL 32314