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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | dress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | MAIT | MAIL |
| (Bu | isiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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OH MAY 19 AM 7: 18
SECRETARY OF STATE
AREA HASSEE, FLORIDI



TRANSMITTAL LETTER

| TO: | Amendment Section Division of Corpora | | | | | | |
|--------------------------|--|-----------------------|---|------------------|------------------------|----------------|----------|
| SUBJ | ECT: | LESLIE | SIGNATURE (Name of Corpora | NAIL ation) | <u> </u> | SPA, | MC. |
| DOCI | UMENT NUMBER: | | | | | | |
| | nclosed Officer/Direct | | | | | nitted fo | r filing |
| | return all correspond | _ | _ | | | | |
| ricasc | teimin an correspond | ence concer | unig diis matter to di | c ionowną | 5. | | |
| | L | IEN / | 10 | | | | |
| | (Nam | e of Person) | | | | | |
| <u> </u> | LESLIE S (Name of | IGNATUI Firm/Compa | RE NAIL &. | SPA, IA |)C | | |
| | 12553 N | W. 74 address) | th Place, P. | ARKLE | CLUH | , FL | 33076 |
| | | | FL 33076 de) | | | | |
| For fu | rther information con | cerning this | matter, please call: | | | | |
| | LiEN (Name of Per | Sou) | at (<u>56/</u> (Area Code | 296 & Daytime | <u>- 18</u> e Teler | 29 phone Nu | mber) |
| Enclo | sed is a check for \$35 | .00 made pa | yable to the Florida l | Departmen | t of St | ate. | |
| Amen Divisi P.O. E | ng Address: dment Section on of Corporations Box 6327 hassee, FL 32314 | Di 40 | reet Address: mendment Section ivision of Corporation 19 E. Gaines Street tillahassee, FL 32399 | | | | |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, _ | VO THI XUAN, hereby resign as Vice President - Jaene tary |
|-------------|---|
| of_ | LESLIE SIGNATURE NAIL & SPA, INC. (Name of Corporation) |
| | Роцово 48812 , a corporation organized under the laws of the State of (Document Number, if known) |
| | FLORIDA |
| | |
| | (Signature of resigning officer/director) |
| | SSEE FLOR |
| | 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