## P04000087568

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400042422244

11/12/04--01041--019 \*\*87.50



RA. Rossini

C. Coulliste NOV 1 8 2004

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Happy Nails & Sp	
	(Name of Corporation)
DOCUMENT NUMBER: PO	4000087568
The enclosed Resignation of Reg	gistered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Hoang P. Nguyen	
(Name of P	Person)
Happy Nails & Spa, Inc	
(Name of Firm/	(Company)
7280 West Atlantic Boulevan	rd
(Addres	ss)
Margate, FL 33063	
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
Hoang P. Nguyen	at ( 954 ) 979-6777  (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payabl or \$35.00 for an administratively	le to the Florida Department of State for \$87.50 for an active corporation dissolved, voluntarily dissolved or withdrawn corporation.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 409 E. Gaines Street Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ns 607.0502(2), 617.0502(2), 607.1509, or 617.150	)9,
Florida Statutes, the undersigned, _	CHAN TOAN NGUYEN	
	(Name of Registered Agent)	
hereby resigns as Registered Agent	for Happy Nails & Spa, Inc	_
noreby resigns as registered rigone	(Name of Corporation)	
P04000087568		
(Document Number, if known)	<del></del>	
A copy of this resignation was maile	ed to the above listed corporation at its last known	address.
The agency is terminated and the of this statement is filed.	fice discontinued on the 31st day after the date on	which
_ Chaul	(Signature of Resigning Agent)	
If signing on behalf of an entity:		
		7.
		\$ \$ \$ \$
	(Typed or Printed Name)	ART S
		SE T
		Ho L
	(Capacity)	
		ं <del>.</del>
	· '	The Atlanta

## 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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