

P04000163134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

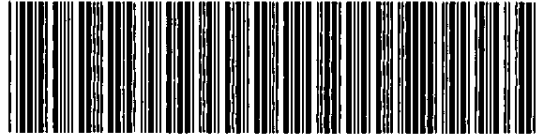
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JAN 26 PM 2:54

FILED

officer Resignation

TB

7-3-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OFFICER RESIGNATION
(Name of Corporation)

DOCUMENT NUMBER: P04000163134

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

Please return all correspondence concerning this matter to the following:

ANNIE LAM

(Name of Person)

PARKLAND NAILS INC.

(Name of Firm/Company)

7617 N. STATE ROAD 7

(Address)

PARKLAND, FL. 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

ANNIE LAM

(Name of Person)

at (954) 283.8167

(Area Code & Daytime Telephone Number)

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

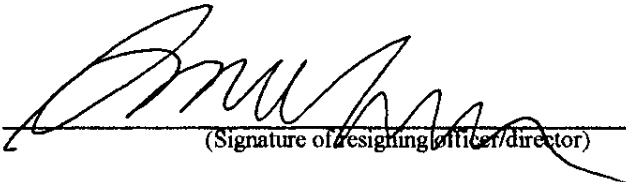
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2009 JAN 26 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ANNIE LAM, hereby resign as PRESIDENT
(Title)

of PARKLAND NAILS, INC.
(Name of Corporation)

P04000163134, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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