

P05000134425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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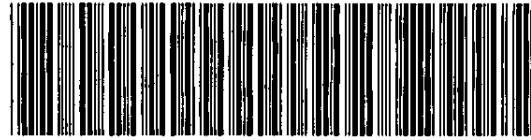
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JAN 15 PM 2:45

JAN 20 2015  
T. CARTER

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Anton Aesthetics Academy, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000134425

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

Please return all correspondence concerning this matter to the following:

Ida M. Antoniou

(Name of Person)

NA

(Name of Firm/Company)

1640 C Rd

(Address)

Loxahatchee, FL 33470

(City/State and Zip Code)

For further information concerning this matter, please call:

Ida M Antoniou at ( 561 ) 290-6000

(Name of Person)

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JAN 15 PM 2:45

I, Ida M. Antoniou, hereby resign as President, VP, Trsr  
(Title)

of Anton Aesthetics Academy, Inc.  
(Name of Corporation)

P05000134425

(Document Number, if known)

, a corporation organized under the laws of the State of  
Florida

Effective Date: 3-7-14

Ida M. Antoniou, President  
(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