P06000050918

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Otty/Otate/Zip/i Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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RAResign Theres 7-1-09

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: M. R DAY SPA, INC. (Name of Corporation)
DOCUMENT NUMBER: 2060005098
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:
MELINDA LEMME (Name of Person)
MR DAY SPA II n C (Name of Firm/Company)
955 WEST STATE RD H36 1000 (Address)
ALTA HONTE SPHINGE FL 32714 (City/State and Zip Code)
For further information concerning this matter, please call:
MELINDA HEHHE at (HOT) 695-7500 (Name of Person) at (HOT) 695-7500 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active co

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 3, 2009

MELINDA D. LEMME
M.R. DAY SPAS, INC.
955 WEST STATE ROAD 436, SUITE 1060
ALTAMONTE SPRINGS, FL 32714

SUBJECT: M.R. DAY SPAS, INC. Ref. Number: P06000050918

We have received your document for M.R. DAY SPAS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

To resign as registered agent for an inactive corporation, the enclosed resignation form should be completed and returned with a filing fee of \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 909A00018688

2009 JUN 30 AM 8: 00
SECRETARY OF STATE
TALL'AHASSEF E STATE

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

09 JUN 30 PM 12: 24

SEUNE TAKY OF STATE
TALLAHASSEE. FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, MEUINDA WEHME (Name of Registered Agent)
hereby resigns as Registered Agent for M, R, DAY SA, In C. (Name of Corporation)
(Name of Corporation)
Polsooo509 & (Document Number, if known)
(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.
Milih D Lune
(Signature of Resigning Agent)
If signing on behalf of an entity:
MELINDA VEHHE
(Typed or Printed Name)
PRESIDENT
(Capacity)

Fèe 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