

P07000028488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700142127927

01/29/09--01038--015 **96.25

FILED

09 MAR -6 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Not Recd 3/11/09
see

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Salon Anokha, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000028488

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:

Glen Masters, President
(Name of Person)

Salon Anokha, Inc.
(Name of Firm/Company)

991 East Oakland Park Blvd.
(Address)

Oakland Park, FL 33334
(City/State and Zip Code)

For further information concerning this matter, please call:

Christin Bucci, Esq. at (954) 764-4440
(Name of Person) (Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

February 5, 2009

CHRISTIN BUCCI
2600 NORTH ANDREWS AVE.
WILTON MANORS, FL 33311

SUBJECT: SALON ANOKHA, INC.
Ref. Number: P07000028488

We have received your document for SALON ANOKHA, INC. and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 409A00004212

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,


Florida Statutes, the undersigned, Christin Bucci Esquire
(Name of Registered Agent)

hereby resigns as Registered Agent for Salon Anokha, Inc.
(Name of Corporation)

D07000028488
(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.


(Signature of Resigning Agent)

If signing on behalf of an entity:

Bucci Law Offices, P.A.
(Typed or Printed Name)

President
(Capacity)

FILED
09 MAR -6 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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