

P07000047606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

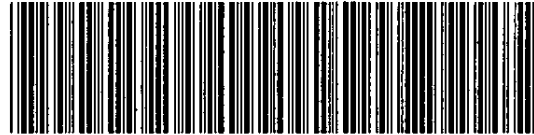
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

Handwritten signature/initials
7/1/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Leng May Nails dba NY Nails
(Name of Corporation)

DOCUMENT NUMBER: 42-1727088

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

Please return all correspondence concerning this matter to the following:

Leng Thach
(Name of Person)

Leng May Nails dba NY Nails
(Name of Firm/Company)

6053 St. Augustine Rd
(Address)

Jacksonville FL 32217
(City/State and Zip Code)

For further information concerning this matter, please call:

Leng Thach at (904) 304-3551
(Name of Person) (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**

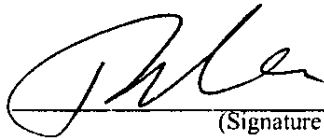
I, Leng Trach, hereby resign as President
(Title)

of Leng May Nails dba NY Nails
(Name of Corporation)

42-1727088, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

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TALLAHASSEE, 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