P0700000 73142

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	; #)		
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(Bu	isiness Entity Nan	ne)		
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resignation to RA

11/05/12--01038--024 **87.50



P0/8/12

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	ECT: Happy Groot	ming Inc.		
	UMENT NUMBER: P0700	(Name of Corporat	ion)	
The e	nclosed Resignation of Regist	ered Agent for a Corpor	ation and fee are subr	nitted for filing.
Please	e return all correspondence co	ncerning this matter to t	he following:	
Ad	riana G. Freitas			
	(Name of Pers	on)		
Ha	ppy Grooming Ir			
	(Name of Firm/Co	mpany)	-	
42	75 NW 89TH AV	E. #105		
	(Address)	· · · · · · · · · · · · · · · · · · ·	- .	
Co	ral Springs, FL 3			
	(City/State and Zi	p Code)	-	
For fu	urther information concerning	· •		
Ad	riana G. Freitas	_{at (} 954	825-9026 & Daytime Telephone	
	(Name of Person)	(Area Code	& Daytime Telephone	Number)
Enclo or \$3	sed is a check made payable t 5.00 for an administratively di	o the Florida Departmer ssolved, voluntarily diss	at of State for \$87 solved or withdr	/an active corporation /poration.
Amer Divisi Clifto 2661	t Address: Indment Section Identification of Corporations In Building Executive Center Circle It is a section of the section o	Mailing Address: Amendment Section Division of Corporatio Post Office Box 6327 Tallahassee, FL 32314		

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORID

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Adriana G. Freitas
(Name of Registered Agent)
hereby resigns as Registered Agent for Happy Grooming Inc.
(Name of Corporation)
P07000073142
(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. (Signstance of Resigning Agent)
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

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withdrawn corporation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