

PO8000054549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

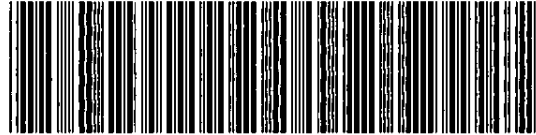
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TB

2-20-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tropical Orchid Salon, Inc
(Name of Corporation)

DOCUMENT NUMBER: P08000054549

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

Please return all correspondence concerning this matter to the following:

Kimberly P. Abreu
(Name of Person)

Tropical Orchid Salon, Inc
(Name of Firm/Company)

PO Box 35717
(Address)

Palm Coast, FL 32137
(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Abreu at (954) 599-5022
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2009

KIMBERLY P. ABREU
TROPICAL ORCHID SALON, INC
8 PINE BRANCH PLACE
PALM COAST, FL 32164

SUBJECT: TROPICAL ORCHID SALON, INC
Ref. Number: P08000054549

We have received your document for TROPICAL ORCHID SALON, INC and your check(s) totaling \$87.50. 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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 909A00004519

RECEIVED
FEB 19 AM 8:00
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Kimberly P. Abken, hereby resign as President & Secretary
(Title)
of Tropical Orchid Salan, Inc
(Name of Corporation)
P 08000054549, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Kimberly P. Abken
(Signature of resigning officer/director)

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2009 FEB 19 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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