

PO91000006776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OP 7/27/10  
TL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ENVY ME NAIL & SPA  
(Name of Corporation)

**DOCUMENT NUMBER:** PO9000006776

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

Please return all correspondence concerning this matter to the following:

KHANH THAO HA  
(Name of Person)

ENVY ME NAIL & SPA  
(Name of Firm/Company)

4932 W. S. R 46 # 1066  
(Address)

SANFORD FL 32771  
(City/State and Zip Code)

For further information concerning this matter, please call:

THAO HA at ( 407 ) 749-9309  
(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

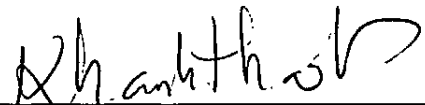
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, KHANH THAO HA, hereby resign as OFFICER  
(Title)

of ENVY ME NAIL & SPA  
(Name of Corporation)

PO9000006776, a corporation organized under the laws of the State of  
(Document Number, if known)

FL

  
(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

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TALLAHASSEE, FLORIDA

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