

P09 000056909

(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



600287932186

07/15/16--01027--012 \*\*87.50

FILED  
16 JUL 15 AM 9:24  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Hares

JUL 25 2016

R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VAN TIBOLLI BEAUTY CORP.

(Name of Corporation)

**DOCUMENT NUMBER:** P09000008929

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:

**Bonnie Yerry**

(Name of Person)

**CORPORATION SERVICE COMPANY**

(Name of Firm/Company)

**80 STATE STREET**

(Address)

**ALBANY NY 12207**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Bonnie Yerry**

(Name of Person)

at **(800) 927-8901 ex63002**

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, CORPORATION SERVICE COMPANY

(Name of Registered Agent)

hereby resigns as Registered Agent for VAN TIBOLLI BEAUTY CORP.

(Name of Corporation)

P09000008929

(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.

Bonnie Yerry  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Bonnie Yerry

(Typed or Printed Name)

Asst. Secretary

(Capacity)

16 JUL 15 AM 9:23  
TALLAHASSEE, FL 32314

**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withdrawn corporation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

209762