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	Division of Corporations	25	
	Fax Number : (8 50)617-6380	2023 1.	
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From:		5	
	Account Name : BAKER & HOSTETLER LLP	\sim	
	Account Number : I19990000077	-	
	Phone : (407)649-4016		
	Fax Number : (407)841-0168		۔ ہمے
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Enter	the email address for this business entity to be used for future		

Email Address:

REGISTERED AGENT RESIGNATION THE ESTHETICS ASSOCIATION FLORIDA, INC.

Certificate of Status	0
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Estimated Charge	\$87.50

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COVER LETTER

TO: Amendment Section Division of Corporations

The Esthetics Association Florida, Inc.

(Name of Corporation)	
DOCUMENT NUMBER: P09000031806	
The enclosed Resignation of Registered Agent for a Corporation and fee are su	bmitted for filing
Please return all correspondence concerning this matter to the following:	
The enclosed Resignation of Registered Agent for a Corporation and fee are su Please return all correspondence concerning this matter to the following: Evelyn Rodriguez	
(Name of Person)	2
Baker & Hostetler, LLP	- 9: 53
(Name of Firm/Company)	
200 S. Orange Avenue, SUITE 2300	
(Address)	
Orlando, Florida 32801	
(City/State and Zip Code)	
For further information concerning this matter, please call:	

Evelyn Rodriguez at (407 649-4071 (Name of Person) At (407) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	David L. Schick
	(Name of Registered Agent)
hereby resigns as Registered Agen	The Esthetics Association Florida, Inc.
	(Name of Corporation)
200000031804	

P09000031806

(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 while this statement is filed.

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 Taliahassee, FL 32314

CR2E046 (12/19)