

PO 700305622467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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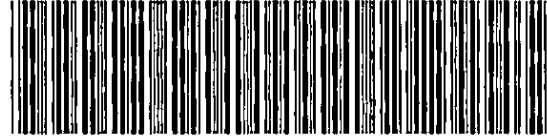
(Business Entity Name)

(Document Number)

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NOV 17 2017

S. YOUNG

NOV 16 2017
FALLAHIA, FLORIDA

NOV 16 PM 4:21

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORAL NAILS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P09000046416

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

Please return all correspondence concerning this matter to the following:

RAYMOND LAU

(Name of Person)

FLORAL NAILS, INC.

(Name of Firm/Company)

453 E. HIGHLAND BLVD. , STE 203

(Address)

INVERNESS, FL 34452

(City/State and Zip Code)

For further information concerning this matter, please call:

RAYMOND LAU
_____ at (714) 261-7303
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

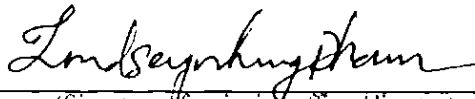
Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LINDSEY N PHAM, hereby resign as DIRECTOR
(Title)

of FLORAL NAILS, INC.
(Name of Corporation)

P09000046416, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(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