

P110000077269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

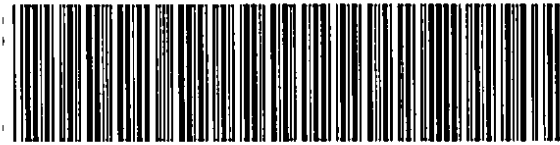
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100301744851

07/26/17--01017--014 \*\*87.50

2017 JUL 26 PM 4:37

SECTION OF 4000-2000

1003 01 2017

J McNAIR

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FeNom Salon, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000077269

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:

Jessica Sue Bruno  
(Name of Person)

FeNom Salon, Inc  
(Name of Firm/Company)

20632 Biscayne Blvd  
(Address)

Aventura FL 33180  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica S Bruno at ( 786 ) 320-6187  
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RECEIVED  
DIVISION OF CORPORATIONS  
JUL 26 PM 4:33

**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, James M Elias

(Name of Registered Agent)

hereby resigns as Registered Agent for FeNom Salon, Inc

(Name of Corporation)

P11000077269

(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.

  
\_\_\_\_\_  
(Signature of Resigning Agent)

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**  
**Tallahassee, FL 32314**

FILED JUL 26 PM 4:33  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA