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(Ci	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nan	ne)
(Document Number)		
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RIARRO

MAY 08 2014 R. WHITE

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: FION'S BEAUTY, INC			
(Name of Corporation)			
DOCUMENT NUMBER: P12000092199			
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:			
MONICA PRIGIONI			
(Name of Person)			
(Name of Firm/Company)			
401 GOLDEN ISLES DR 404			
(Address)			
HALLANDALE FL 33009			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
MONICA PRIGIONI at (954 ) 665-0882			
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

48

April 21, 2014

MONICA PRIGIONI 401 GOLDEN ISLES DR 404 HALLANDALE, FL 33009

SUBJECT: FION'S BEAUTY INC Ref. Number: P12000092199

We have received your document for FION'S BEAUTY INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file a resignation of registered agent for an active corporation is \$87.50. Therefore, an additional filing fee of \$52.80 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 514A00008457

## 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, MONICA PRIGIONI

(Name of Registered Agent)

(Name of Registered Agent)

(Name of Corporation)

P12000092199

(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)

(Signature of Resigning Agent)

VICE PRESIDENT

(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