

PA2000103800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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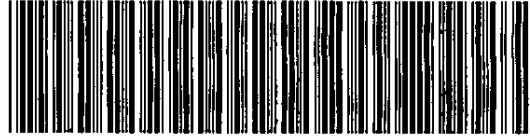
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/06/16--01020--007 **10.00

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

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JUL 07 2016

WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2016

ZHAOMAN CHEN
3852 W WATERS AVE
TAMPA, FL 33614

SUBJECT: HEALING HANDS MASSAGE LAKELAND INC
Ref. Number: P12000103800

We have received your document for HEALING HANDS MASSAGE LAKELAND INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 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: 916A00012676

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALING HANDS MASSAGE LAKELAND INC
(Name of Corporation)

DOCUMENT NUMBER: P1200 0103800

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:

ZHADMAN CHEN
(Name of Person)

HEALING HANDS MASSAGE LAKELAND INC
(Name of Firm/Company)

1975 E EDGWOOD DR
(Address)

LAKELAND FL 33803
(City/State and Zip Code)

For further information concerning this matter, please call:

ZHADMAN CHEN at (626) 780-4123
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, WEN QIN WU
(Name of Registered Agent)

hereby resigns as Registered Agent for HEALING HANDS MASSAGE LAKELAND INC
(Name of Corporation)

P1200 0103800
(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: Zhaoman Chen

ZHAOMAN CHEN
(Typed or Printed Name)

OWNER
(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

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TALLAHASSEE, FLORIDA