P13000043526

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	∋#)
PICK-UP	☐ WAIT	MAIL
/D.	rainana Fakiba klaur	
Ja)	ısiness Entity Nar	nej
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800253541298

12/17/13--01017--008 **35.00

13 DEC 17 PM 2: 33 SECRETARY OF STATE TALLAHASSEE, FLORID.

APPROVED AND FILED

C. LEWIS
DEC 3 0 2013
EXAMINER

* TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT, ANC NATURAL BEAUTY SPA INC

(Name of Corporation)

DOCUMENT NUMBER: 800247964948

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

Please return all correspondence concerning this matter to the following:

LARRY BRUSKOFF

(Name of Person)

LARRY BRUSKOFF AND COMPANY

(Name of Firm/Company)

9036 RESEDA BLVD - STE 103

(Address)

NORTHRIDGE, CA 91324

(City/State and Zip Code)

For further information concerning this matter, please call:

LARRY BRUSKOFF

,,,818 \886-4880

(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

APPROVEU AND FILED

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 1

13 DEC 17 PM 2: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

, hereby resign as PRESIDENT
(Title)
Y SPA INC
oration organized under the laws of the State of
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