P1300085493

| (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: | |
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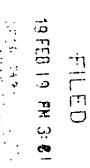
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S TALLENT FEB 20 2019



RID Resign



January 23, 2019

JOHN C. CLOUGH ZUNG CLOUGH, PLLC 1444 MANHATTAN AVE. HERMOSA BEACH, CA 90254

SUBJECT: NAPLES LASER AND MEDSPA, INC.

Ref. Number: P13000085493

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent must sign accepting the designation.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 418A00026045

RECEIVE



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 19, 2018

JOHN C. CLOUGH ZUNG CLOUGH, PLLC 700 5TH AVE. SOUTH, SECOND FLOOR NAPLES, FL 34102

SUBJECT: NAPLES LASER AND MEDSPA, INC.

Ref. Number: P13000085493

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Susan Tallent Regulatory Specialist II

Letter Number: 418A00026045

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or 1/23/19
to podress
on evidence
remand

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COVER LETTER

TO: Amendment Section Division of Corporations

{SUBJECT:}Naples Laser and MedSpa, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P13000085493

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:

John C. Clough

(Name of Person)

Zung Clough, PLLC

(Name of Firm/Company)

700 5th Ave. South, Second Flor

(Address)

Naples, Florida 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

John Clough

at (239)232-2208 (Area Code & Daytime Telephone Number)

(Name of Person)

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 | 7.1509, |
|--------------------------------------------------------------------------------------------------------------|-------------------|
| Florida Statutes, the undersigned, Zung Clough, PLLC | |
| (Name of Registered Agent) | <u> </u> |
| hereby resigns as Registered Agent for NAPLES LASER AND MEDS | PA, INC. |
| (Name of Corporation) | |
| P13000085493 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed to the above listed corporation at its last kn- | own address. |
| The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. | e on which |
| (Signature of Resigning Agent) | - |
| If signing on behalf of an entity | 19 FEB |
| Zung Clough, PLLC | |
| (Typed or Printed Name) | 呈し |
| Managing Member | ယ္ • နေ |
| (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