

P14000002373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

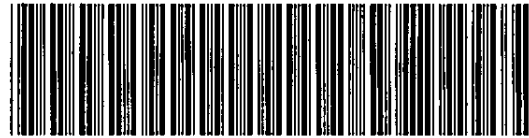
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC -8 PM 2:31

C.L.
12-12-14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HDLe Salon Inc.

(Name of Corporation)

DOCUMENT NUMBER: P14000002373

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

Please return all correspondence concerning this matter to the following:

Maidao Ho

(Name of Person)

HDLe Salon Inc

(Name of Firm/Company)

2000 Hendricks Ave Ste 2

(Address)

Jacksonville, FL 32207

(City/State and Zip Code)

For further information concerning this matter, please call:

Maidao Ho

(Name of Person)

at (**904**) **305-6610**

(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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 DEC -8 PM 2:31

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Hung D Le

(Name of Registered Agent)

hereby resigns as Registered Agent for HD Le Salon Inc

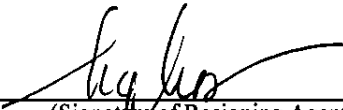
(Name of Corporation)

P14000002373

(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:

Hung D Le

(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**