Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GLAZIER & GLAZIER, P.A.

Account Number : I20050000141

Phone Fax Number

: (904)997-1033 : (904)997-1733

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

carolyn@caribbeanbreeze.com

REGISTERED AGENT RESIGNATION COSMETIC CREATIONS, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$87.50

AUG 1 9 2019

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COVER LETTER

TO: Amendment Se Division of Co	
SUBJECT:	Cosmetic Creations, Inc.
	(Name of Corporation)
DOCUMENT NUME	BER: P14000005856
The enclosed Resignat	ion of Registered Agent for a Corporation and fee are submitted for filing.
Please return all corres	pondence concerning this matter to the following:
Carolyn S. Capps	
	(Name of Person)
Cosmetic Creation	ons, Inc.
(Na	me of Firm/Company)
2383 Shannon Ro	pad
	(Address)
Fernandina Beach	
(Cit	y/State and Zip Code)
For further information	concerning this matter, please call:
Scott L. Glazier	at (904) 997-1033
(Name	at (904) 997-1033 (Area Code & Daytime Telephone Number)
Enclosed is a check me or \$35.00 for an admin	ade payable to the Florida Department of State for \$87,50 for an active corporation istratively dissolved, voluntarily dissolved or withdrawn corporation.
Street Address: Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tailahassee, FL 32301	Post Office Box 6327

CR2E046 (04/12)

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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.	Glazier & Glazier, P.A. (Name of Registered Agent)	
hereby resigns as Registered Agent for		
P14000005856		
(Document Number, if known)	•	
A copy of this resignation was mailed to t	he above listed corporation at its last known add	lress.
The agency is terminated and the office di this statement is filed.	scontinued on the 31st day after the date on whi	ich
	525	
(Signa	nture of Resigning Agent)	
If signing on behalf of an entity:	Q	
	Scott L. Glazier ped or Printed Name)	
(-3)	c C	o ~
	President (Capacity)	2019 AUG 16
	his document:	•
Fee for filing t \$87.50 - Active \$35.00 - Admir	his document: Corporation Listratively dissolved/voluntarily dissolved/	AHIO: 21
	rawn corporation	œ

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tullahassee, FL 32314