DIGON	
(Requestor's Name) (Address)	
(Address) (City/State/Zip/Phone #)	100274716051 07/10/1501004005 **35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
Office Use Only	JUL 14 2015

TRANSMITTAL LETTER

.

TO: Amendment Section Division of Corporations

SUBJECT: THE NAIL LOUNGE OF FURT MYERS (Name of Corporation)
DOCUMENT NUMBER: <u>P15000036286</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nen Ho (Name of Person)
(Name of Person)
The Nail Lounge of Jor+ Myers. (Name of Firm/Company)
<u>9377 Six Miles</u> (Address) PKWy #110
FORT MYERS F1. 33966 (City/State and Zip Code)
For further information concerning this matter, please call:
<u>Nen</u> <u>Ho</u> (Name of Person) at (<u>239</u>) <u>771 - 7151</u> (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

ļ

1

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

HC OFFICER (Title) len _____, hereby resign as_ J. The OF +or_t M of (Name of Corporation) Document Number, if known) _____, a corporation organized under the laws of the State of Florida σī (Signature of resigning officer/director) 10 MIII:51 1 ÷

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