

P17000054551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

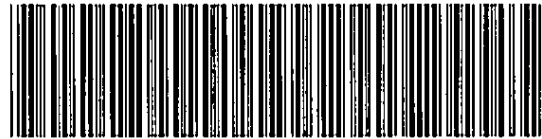
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

Rec 1/28/21

January 5, 2021

LIHONG LING
CLOVER MASSAGE & SPA INC
4816 NW 2ND AVE
BOCA RATON, FL 33431

SUBJECT: CLOVER MASSAGE & SPA INC
Ref. Number: P17000054551

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE FEE TO FILE AN OFFICER/DIRECTOR RESIGNATION IS \$35.00. THERE IS A BALANCE OF \$10.00 STILL DUE. PLEASE RESUBMIT.

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: 921A00000113

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Clover Massage & Spa Inc.
(Name of Corporation)

DOCUMENT NUMBER: P17000054551

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

Please return all correspondence concerning this matter to the following:

Lihong Ling
(Name of Person)

Clover Massage & Spa, Inc.
(Name of Firm/Company)

1100 NW 13th Street - #294D
(Address)

Boca Raton, FL 33486
(City/State and Zip Code)

For further information concerning this matter, please call:

Lihong Ling at () 617515-8878
(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:

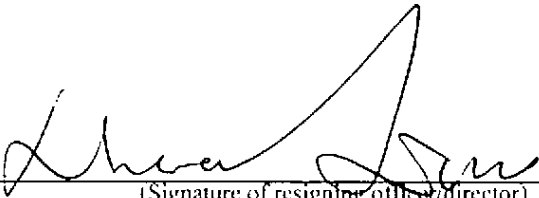
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Hua Liu, hereby resign as President
(Title)

of Clover Massage & Spa, Inc.
(Name of Corporation)

P17000054551, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature 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

2021 JAN 23 PM 11:21