

P180000 17693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

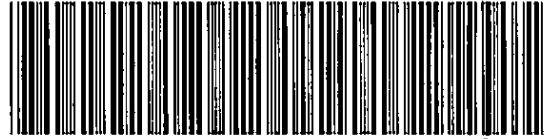
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRES BELLE NAILS SPA, INC
(Name of Corporation)

DOCUMENT NUMBER: P18000017693

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

ELDA MALTEZ
(Name of Person)

TRES BELLE NAILS SPA, INC
(Name of Firm/Company)

15601 SW 137 AVENUE, # 63
(Address)

MIAMI, FL 33177
(City/State and Zip Code)

For further information concerning this matter, please call:

*MC-EM
786-357-5643*

ELDA MALTEZ at () 803-0855
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MILTON CORDOBA, hereby resign as VICEPRESIDENT AND SECRETARY
(Title)

of TRES BELLE NAILS SPA, INC
(Name of Corporation)

P18000017693, 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

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