P18000065826

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/i Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Social Manual)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

Paul & Pau	la's Luxury Nails, Inc.
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: P180	000065826
The enclosed Officer/Director Re	signation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
Jim Farah	
(Name of Po	erson)
Farah Law	
(Name of Firm/	Company)
6550 St. Augustine Road,	Suite 103
(Addres	s)
Jacksonville, Flori	da 32217
(City/State and	Zip Code)
For further information concerning	g this matter, please call:
Jim Farah	at (904)443-0060 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	ade 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

_L Sotheng V. Powell	VP, Secretary & Director
7	(Title)
Paul & Paula's Luxury	
P18000065826	corporation organized under the laws of the State of
(Document Number, if known) Florida	
Soloho	
(Signa	ture of resigning officer/director)
	
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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