## 721000059370

(Re	questor's Name)	
(Ad-	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #j	)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



300390559073

07/14/22 -01010--011 \*\*87.50

ALLAHASSEE FLORIDA

2022 JUL 14 PH 6: 33

OCT 1 2 7077 S. PRATHE

## **COVER LETTER**

roriu	rther information concerning this matter, please call:  at (800)773-0888  (Name of Person) (Area Code & Daytime Telephone Number)
Car fo	
	(City/State and Zip Code)
Аця	stin, TX 78717
·	(Address)
990	00 Spectrum Dr.
	(Name of Firm/Company)
Lec	alzoom.com, Inc.
· · · · · · · · · · · · · · · · · · ·	(Name of Person)
Unit	ed States Corporation Agents, Inc.
Please	return all correspondence concerning this matter to the following:
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for fil
DOCU	UMENT NUMBER: P21000058370
	(Name of Corporation)
SUBJ	ECT: Nails by Styles Inc.

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	7.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned. Unite	ed States Corporation Agents, Inc.
<del></del>	(Name of Registered Agent)
hereby resigns as Registered Agent for	Nails by Styles Inc.
Thereby resigns as registered rigent for _	(Name of Corporation)
P21000058370	
(Document Number, if known)	_
A copy of this resignation was mailed to	the above listed corporation at its last known address.
The agency is terminated and the office of this statement is filed.	discontinued on the 31st day after the date on which
(Sig	nature of Resigning Agent)
If signing on behalf of an entity:	Seley Typed or Printed Name)  Seley Typed or Printed Name)
Cheyenne Mos	seley 💆 🗐
(1	Typed or Printed Name)
Asst. Secretary for U	nited States Corporation Agents, Inc.

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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

(Capacity)