

P95 000066451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

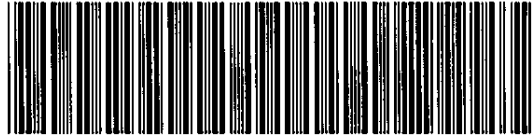
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Off Receipt
Thurs
5-11-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CUSTOM NAILS/MANICURE PLUS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P95000066451

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

Please return all correspondence concerning this matter to the following:

PHILIP CLARKE

(Name of Person)

KASS, SHULER ET AL

(Name of Firm/Company)

P.O. BOX 800

(Address)

TAMPA, FL 33601

(City/State and Zip Code)

For further information concerning this matter, please call:

PHILIP CLARKE

(Name of Person)

at (813) 229-0900 X1305

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

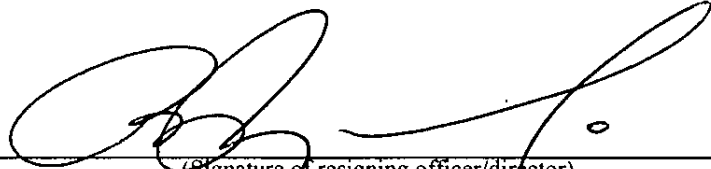
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ROCCO PAGLIARULO, hereby resign as DIRECTOR/VICE PRES.
(Title)

of CUSTOM NAILS/MANICURE PLUS, INC.
(Name of Corporation)

P95000066451, 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