

P97000062/66

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

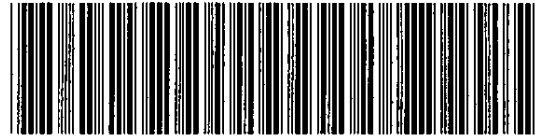
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300133121833

07/21/08--01035--002 **35.00

Op / Du Resp

FILED
08 JUL 21 PM 12 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JUL 24 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CC-NAILS, INC

(Name of Corporation)

DOCUMENT NUMBER: P97000062166

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

Please return all correspondence concerning this matter to the following:

CHAU NGUYEN

(Name of Person)

CC-NAILS, INC

(Name of Firm/Company)

5325 GUNN HIGHWAY

(Address)

TAMPA, FLORIDA 33624

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (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**

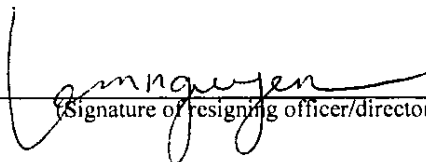
FILED
08 JUL 21 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, NGUYEN, LAM, hereby resign as VICE PRESIDENT
(Title)

of CC-NAILS, INC.
(Name of Corporation)

P97000062166, 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