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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DE BLASCO MAKEUP CENTER EAST, INC. Name of Corporation
DOCUMENT NUMBER: PSCCCO 39105 Reas a Level High Telesistered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LINDA D. SCHOONOVER Name of Contact Person
Firm/Company
111 HUNTERS TRAIL Address
LONGWOOD, FL 32779 City/State and Zip Code doorley 48 @ amoil. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: 100 D, Schoonover at 404 Lib 5 - 4299 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

FILED :

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RESIGNATION OF REGISTERED AGENTECRETARY OF STATE TALLAHASSEE FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, LINDA D. SCHOONOVER
(rame of Registered Agent)
hereby resigns as Registered Agent for <u>JCE BLASCO MAKEUP CENTER EAST</u> , <u>INC.</u> (Name of Corporation)
P9800039105 (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 discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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