

P03000120875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

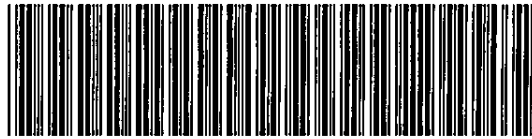
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700085591177

02/05/07--01015--010 **35.00

FILED
07 FEB -5 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Old Resign.

B. CONNELL FEB 07 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RESIGNATION OF DIRECTOR

(Name of Corporation)

DOCUMENT NUMBER: P03000120875

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

Please return all correspondence concerning this matter to the following:

WILSON LOPEZ

(Name of Person)

WILSON LIFESTYLE CORP

(Name of Firm/Company)

1025 S HIWASSEE RD # 2213

(Address)

ORLANDO FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

WILSON LOPEZ _____ at (407) 445-3533
(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**

I, OLGA C CANAS, hereby resign as VICE PRESIDENT
(Title)

of WILSON LIFESTYLE, CORP
(Name of Corporation)

PO3000120875, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.


(Signature of resigning officer/director)

FILED
07 FEB - 5 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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