(Requestor's Name)		
,		
(Add	dress)	
(
(Add	dress)	•
(City	//State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Cortificatos	of Status
Certified Copies	_ Certificates	Or Status
		,
Special Instructions to F	Filing Officer:	
·	•	
	•	1

Office Use Only



000136643470

10/06/08--01005--006 **35.00

COVER LETTER

Amendment Section

Division of Corporations
SUBJECT: Name of Corporation) DOCUMENT NUMBER: POL-CYN 31-850
DOCUMENT NUMBER: POLOXXI36890
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alexandra Wolf (Name of Person)
(Name of Firm/Company)
5331 Marsala Lone (Address)
Jecksonville, Fl. 30044 (City/State and Zip Code)
For further information concerning this matter, please call:
Alexandra Wolf at (904) 445-8007 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Alexandra Wolf hereby resign as Vice Pro	esident rille)	
of N- Stylz Inc. (Name of Corporation)		,
(Document Number, if known), a corporation organized under the laws of the	e State of	
Floride .		
(Signature of resigning officer/director)	2008 OCT SEGRET	
FILING FEE IS \$35.00	OCT -6 PM 4:1	

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314