

PD10000123776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Silhouettes Body Wrap Spa

(Name of Corporation)

DOCUMENT NUMBER: PO7000123774

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

Please return all correspondence concerning this matter to the following:

David Kelly

(Name of Person)

Silhouettes day Spa

(Name of Firm/Company)

2240 S McCall Rd

(Address)

Englewood FL 34224-5049

(City/State and Zip Code)

For further information concerning this matter, please call:

David Kelly

(Name of Person)

at (**941**) **270 2575**

(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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

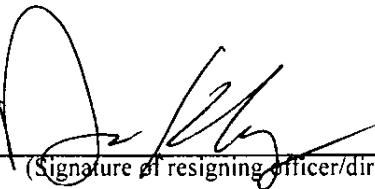
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, David Kelly, hereby resign as VP
(Title)

of Silhouettes Body Wrap Spa, INC.
(Name of Corporation)

P07000123776, 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

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