

P09DDDD23320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

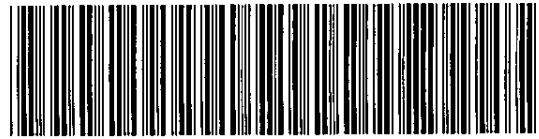
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
12 APR 16 AM 8:40

OD/Res
@ 4/17/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INITIAL STYLES
(Name of Corporation)

DOCUMENT NUMBER: P09000023320

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

Please return all correspondence concerning this matter to the following:

HERDI ROCHEFORT, Patricia Scalera
(Name of Person)

INITIAL STYLES
(Name of Firm/Company)

~~10130 Tenthredine~~ 661 maplewood Dr. #10
(Address)

Jupiter FL 33458
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Scalera at (561) 741-4009
(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

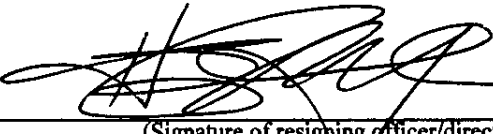
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, HETDI ROCHEFORT, hereby resign as PRESIDENT/COOWNER
(Title)

of INITIAL STYLES INC,
(Name of Corporation)

909000023320, a corporation organized under the laws of the State of
(Document Number, if known)


(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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