

P090000036706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

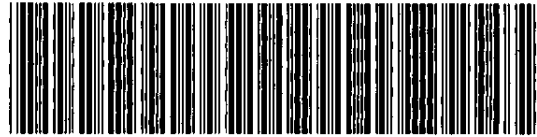
(Business Entity Name)

(Document Number)...

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900161792869

*Resignation
of Officer*

10/16/09--01012--016 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT 16 PM 3:47

FILED

*ADR
10/19/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SORELLI HAIR STUDIO, INC.
(Name of Corporation)

DOCUMENT NUMBER: P09000036706

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

Please return all correspondence concerning this matter to the following:

Troy R. Lotane as Registered Agent

(Name of Person)

Sorelli Hair Studio, Inc.

(Name of Firm/Company)

1980 Michigan Avenue

(Address)

Cocoa, FL 32922

(City/State and Zip Code)

For further information concerning this matter, please call:

Troy R. Lotane, Registered Agent at (321) 636-4861

(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**


FILED

2009 OCT 16 PM 3:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, TROY R. LOTANE, hereby resign as Director, President,
(Title)
Vice President, Secretary and Treasurer
of SORELLI HAIR STUDIO, INC.
(Name of Corporation)

P09000036706, 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