

P09000053/46

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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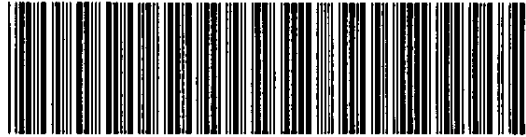
(Business Entity Name)

(Document Number)

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SECRETARY OF COMMERCE
DIVISION OF CORPORATIONS
15 APR 27 PM 3:33

CL
5-4-15

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE RENAISSANCE DAY SPA INC

(Name of Corporation)

DOCUMENT NUMBER: P09000053146

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

Please return all correspondence concerning this matter to the following:

SUSAN L. COLLEY

(Name of Person)

COLLEY FINANCIAL SERVICES, INC

(Name of Firm/Company)

505 W INTERLAKE BLVD

(Address)

LAKE PLACID, FL 33852

(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN COLLEY

(Name of Person)

at (

863 465-6473

) (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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 APR 27 PM 3:33

I, DJ L SMILING, hereby resign as DIRECTOR
(Title)

of THE RENAISSANCE DAY SPA INC
(Name of Corporation)

P09000053146, 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