## P11000090808

(Requestor's Name)				
	,			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bi	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



700273794717

06/10/15--01019--020 \*\*35.00

2115 JUN 10 PM 3: 4

CIVICION OF SERVICE STREET, SERVICE SE

JUN 1 9 2015 I ALBRITTON

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: S40 DETTES DAY SPA ENGLEWOOD (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MICHAEL S STIFF (Name of Person)
SILHOUR FIES DAY SPA (Name of Firm/Company)
2240 S-Ma(A) RD, (Address)
ENGLEWOOD, F1 34223 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (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
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section

INFORMER THAT I WAS AN OFFICER

OF SILHOUTETTES DAY SPA ENGLEWOOD, INC. 46-3920854

PLEASE REMOVE ME FROM SILHOUTTES DAY

SPA ENGLEWOOD, INC. AS I HAVE NO AFFILIATION.

PLEASE FEEL FREE TO CONTACT ME WITH

ANY QUESTIONS IN REGARDS TO.

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, MICHABL S STIPP	hereby resign as	VICE TRESI	DENT
of SILHOUSTES DA (Name of Corporation)  (Document Number, if known)  (Document Number, if known)	n) 3	the laws of the State of	uid, inc.

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

FILING FEE IS \$35.00

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

