

P13000054914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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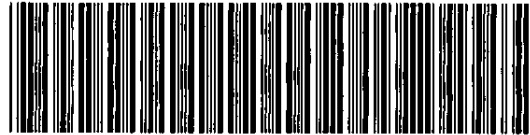
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 NOV 24 AM 8:23

C. Lewis  
12-3-14

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DC KUTZ & STYLEZ SALON & SPA INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P13000054914

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

Please return all correspondence concerning this matter to the following:

CHARLES R GRACE

(Name of Person)

DC KUTZ & STYLEZ SALON & SPA INC

(Name of Firm/Company)

8044 LONGLEAF FOREST CT

(Address)

JACKSONVILLE FL 32210

(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES R GRACE at ( 904 ) 465-2807  
(Name of Person) (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

14 NOV 24 AM 8: 23

I, CHARLES R GRACE, hereby resign as VP  
(Title)

of DC KUTZ & STYLEZ SALON & SPA INC  
(Name of Corporation)

P13000054914, 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