

P170000 78753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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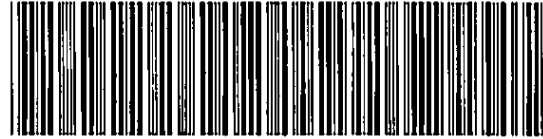
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JUN 14 2019

C Kinse,

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **LIFESTYLE BY STILO BARBERSHOP INC**
(Name of Corporation)

DOCUMENT NUMBER: **P17000078753**

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

Please return all correspondence concerning this matter to the following:

CARLOS D. CASANOVA
(Name of Person)

LIFESTYLE BY STILO BARBERSHOP INC
(Name of Firm/Company)

2132 CENTRAL FLORIDA PKWY SUITE C4
(Address)

ORLANDO, FLORIDA 32837
(City/State and Zip Code)

For further information concerning this matter, please call:

PEDRO J. RUIZ at (**407**) **435-7442**
(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**

I, CARLOS D. CASANOVA, hereby resign as PRESIDENT
(Title)

of LIFESTYLE BY STILO BARBERSHOP INC
(Name of Corporation)

P17000078753, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, FL

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