

P99000071367

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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01 Res em  
6-19-07

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PINEAPPLE HOLISTIC DAY SPA CORPORATION  
(Name of Corporation)

DOCUMENT NUMBER: P99000071367

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

Please return all correspondence concerning this matter to the following:

SARA GARROD  
(Name of Person)

PINEAPPLE HOLISTIC DAY SPA CORPORATION  
(Name of Firm/Company)

556 S. PINEAPPLE AVE., SUITE C  
(Address)

SARASOTA FL 34236  
(City/State and Zip Code)

For further information concerning this matter, please call:

SARA GARROD at (941) 366-1119  
(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**

I, JANE GARROD, hereby resign as VICE PRESIDENT & SECRETARY  
(Title)

of PINEAPPLE HOLISTIC DAY SPA CORPORATION,  
(Name of Corporation)

7990000 71367, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

  
(Signature of resigning officer/director)

**FILED**  
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TALLAHASSEE, FLORIDA

**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