L91894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

100136846741

10/15/08--01020--004 **35.00

FILED
08 OCT 15 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.COULLIETTE

OCT 20 2008

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BKHM, PA
(Name of Corporation)

DOCUMENT NUMBER: L91894

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

Please return all correspondence concerning this matter to the following:

Helen Oliveira
(Name of Person)

BKHM, PA
(Name of Firm/Company)

1560 Orange Avenue, Suite 600
(Address)

Winter Park FL 32789
(City/State and Zip Code)

For further information concerning this matter, please call:

Helen Oliveira at (407) 998-9000 ext 234
(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, Paul R. Heidbrink, hereby resign as VPD (Title)

of BKHM, PA (Name of Corporation),

L91894 (Document Number, if known), a corporation organized under the laws of the State of Florida.

Paul R Heidbrink

(Signature of resigning officer/director)

FILED
08 OCT 15 AM 9:21
SECRETARY OF STATE
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