

N44009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

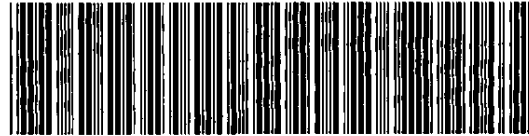
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300184972523

*Designation
to Officer*

09/09/10--01006--014 **35.00

2010 SEP -9 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*DR
9/10/10*

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2010 SEP -9 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MicNele Benner, hereby resign as Vice President
(Title)

of Community Caring Center of Boynton Beach, Inc.
(Name of Corporation)

NH4009, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

SEE LETTER OF RESIGNATION
(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