## P09000068329

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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MSignation

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09/19/13-01006-004 \*\*35.00



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## TRANSMITTAL LETTER

SUBJECT: OFFICER Resignation (Name of Corporation)
DOCUMENT NUMBER: 70900068329
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RONALD FELDMAN (Name of Person)
PODINTRY ASSISTANTS SERVICES THE (Name of Firm/Company)
6850 CORAL WAY #7208 (Address)
MINMI FC 33155 (City/State and Zip Code)
For further information concerning this matter, please call:
RONALY FELDMAN at (305) 66 f - 50 89 (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

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2013 SEP 19 AM 10: 55

I, MERCEDES CORZE	SECRETARY OF STATE TALL AHASSEE, FLORIDA  Thereby resign for the second of the second
of PODIATRY ASSISTA (Name of Corporat	NTS SERVICES TAC.
1 090000 683 29 a corpo (Document Number, if known)	oration organized under the laws of the State of
FLURIDA.	

(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