

P93000001996

(Requestor's Name)

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(Address)

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(Address)

(City/State/Zip/Phone #)

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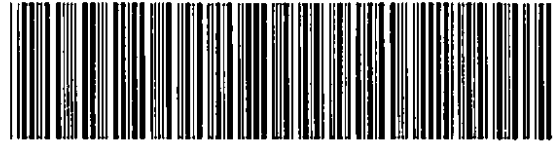
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Michael Tramontana, D.C., P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Michael R. TRAMONTANA  
(Name of Person)

Michael R. TRAMONTANA D.C. PA  
(Name of Firm/Company)

100 E. Linton Blvd #208B  
(Address)

Delray Beach, Florida 33463  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael TRAMONTANA at ( 561 ) 272 6047  
(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, Catherine Tramontana, hereby resign as Secretary  
(Title)

of Michael R. Tramontana B.C., P.A.  
(Name of Corporation)

993000001990, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

C. Tramontana  
(Signature of resigning officer/director)

SECRET  
TALLAHASSEE, FLORIDA

2018 DEC 26 PM 4:04

FILED

**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