

P0800005867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

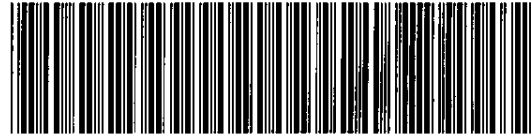
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
AT CHIEF OF BUREAU

O/D Resign.

12-7-10

Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JOY OF HEALING INC.
(Name of Corporation)

DOCUMENT NUMBER: P08000058607

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

Please return all correspondence concerning this matter to the following:

TAMARA F. OVERLEE
(Name of Person)

JOY OF HEALING INC.
(Name of Firm/Company)

4205 FLEEWELL CT.
(Address)

VALRICO, FL 33596
(City/State and Zip Code)

For further information concerning this matter, please call:

TAMARA OVERLEE at (813) 685 0169
(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

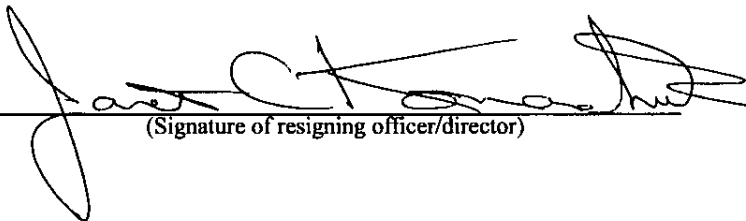
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JANET C. KOMANCHUK, hereby resign as SECRETARY/ TREASURER
(Title)

of JOY OF HEALING, INC.
(Name of Corporation)

P08000058607, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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

FILED
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STATE OF FLORIDA