

N0400000 2457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

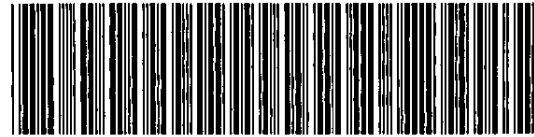
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/20/17--01021--018 **35.00

O/D-Resign

S. TALLENT
MAR 24 2017

FILED
17 MAR 20 PM 12:22
STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lakewood Ranch Medical Center Auxiliary

(Name of Corporation)

DOCUMENT NUMBER: N04000002457

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

Please return all correspondence concerning this matter to the following:

Cindy L. Stelter

(Name of Person)

(Name of Firm/Company)

P O Box 48211

(Address)

Sarasota, Fl. 34230

(City/State and Zip Code)

For further information concerning this matter, please call:

Cindy L. Stelter 941 228-7735

(Name of Person) at () (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

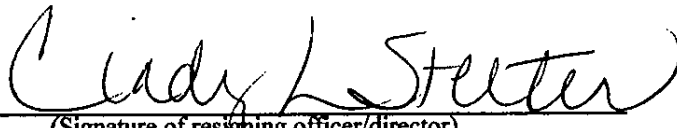
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Cindy L. Stelter, hereby resign as Treasurer
(Title)

Lakewood Ranch Medical Center Auxiliary, Incorporated
of _____
(Name of Corporation)

N04000002457

_____, 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
17 MAR 20 PM 12:21
TALLAHASSEE, FLORIDA