

NO2000004926

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLORIDA CRINOPRATOR MARIJUA ASSOC INC  
(Name of Corporation)

**DOCUMENT NUMBER:** NO20000004906

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

Please return all correspondence concerning this matter to the following:

ROBERT WHITNEY  
(Name of Person)

(Name of Firm/Company)

P O Box 400247

(Address)

MIAMI FL 33280-0247

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT WHITNEY

(Name of Person)

at ( 954 ) 2320851

(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:**

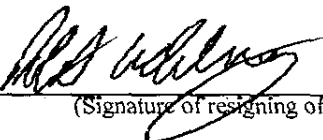
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ROBERT WHITNEY, hereby resign as CEO DIRECTOR  
(Title)

of FLORIDA CHIROPRACTIC MONTICEL ASSOC., INC  
(Name of Corporation)

NA2000004906, a corporation organized under the laws of the State of  
(Document Number, if known)

  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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