(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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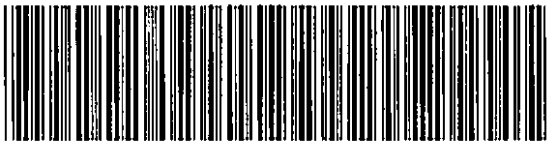

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2018 DEC 10 PM 12:15
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TALLAHASSEE, FL

R. WHITE
DEC 17 2018

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CREATIVE CHILDRENS THERAPY
(Name of Corporation)

DOCUMENT NUMBER: N03000005194

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

Please return all correspondence concerning this matter to the following:

MARIA R. ORFILA
(Name of Person)

CREATIVE CHILDRENS THER/
(Name of Firm/Company)

14520 SW 8th STREET
(Address)

MIAMI, FL. 33184
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA R. ORFILA at (786) 786-1843
(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

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, MARIA R. ORFILA, hereby resign as DVP
(Title)

of CREATIVE CHILDRENS THERAPY.
(Name of Corporation)

N03000005194, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Maria R. Orfila
(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

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