N04000000962

(Requestor's Name)						
(Add	ress)					

(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
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Certified Copies	Certificates	s of Status				
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Special Instructions to Filing Officer:						
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A / Di Resign



APR 24 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Brilliant Minds Medical and Behavioral Solutions Winneted, I (Name of Corporation)
DOCUMENT NUMBER: NO400000962
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carolyn Ketcles (Name of Person)
BADAMABAM .
(Name of Firm/Company)
P.O. Box 7 (Address)
(Address)
Shalimar, PL 32579 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (850) 865-9613 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

CR2E044(08/05)

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, Carolys i	s, Ke	tchel	, hereby resign as	W	(Title)
or Brilliant	Minds 1	Nedical O Name of Corpo	nd Behaviora	l Solution	is Unlimited, Inc
N04000000		, a cor	poration organized u	nder the laws	of the State of
Florida		 •			TALLES TO THE TALLES
					20 N
	Caro	les P	. Lofole		8:51 8:51
		(Signature	of resigning officer/dire	ctor)	***

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