

NO BUSINESS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

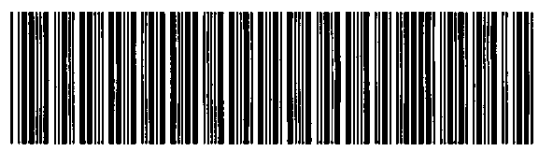
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SEP. -3 2014

R. WHITE

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE HAVEN WELLNESS CENTER
(Name of Corporation)

DOCUMENT NUMBER: ND6000008554

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

MRS. FLORINE COUSINS
(Name of Person)

NONE
(Name of Firm/Company)

17212 CAPE HORN BLVD
(Address)

PUNTA GORDA FL 33955
(City/State and Zip Code)

For further information concerning this matter, please call:

FLORINE COUSINS at (941) 639-1016
(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

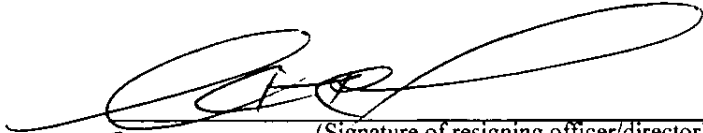
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, FLORENE COUSINS, hereby resign as BOARD MEMBER
(Title)

of THE HAVEN WELLNESS CENTER "NEE" THE HAVEN DROP IN CTR.
(Name of Corporation)

NO6000008554, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)
F. COUSINS.

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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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE