

N 07000000483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OLD

Resign.

5/5/08

Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sojourner Wellness Inc.
(Name of Corporation)

DOCUMENT NUMBER: N07000000483

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

Please return all correspondence concerning this matter to the following:

Darci Schattinger
(Name of Person)

(Name of Firm/Company)

906 SE 10th St.
(Address)

Pompano Beach, FL 33060
(City/State and Zip Code)

For further information concerning this matter, please call:

Darci Schattinger at (954) 254-4520
(Name of Person) (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, Darci Schattinger, hereby resign as director
(Title)

of Sojourner Wellness, Inc
(Name of Corporation)

N07000000483, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Darci Schattinger
(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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