

NO7000005477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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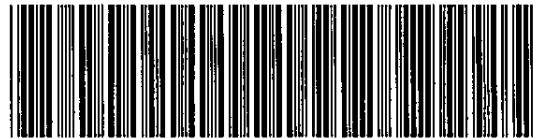
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
14 DEC 15 PM 3:55

DEC 18 2014
T. CARTER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Broken Hearts of Florida Inc
(Name of Corporation)

DOCUMENT NUMBER: NO7000005477

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

Please return all correspondence concerning this matter to the following:

Karen Chavez
(Name of Person)

Broken Hearts of Florida
(Name of Firm/Company)

2912 Edenderry Drive
(Address)

Tallahassee, FL 32309
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Chavez at (850) 443-2984
(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**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC 15 PM 3:55

I, Kimberly Rooks, hereby resign as Executive Director
(Title)

of Broken Hearts of Florida Inc.,
(Name of Corporation)

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

Florida

Kimberly Rooks
(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