

NO8000006384

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ODR 5/5/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASSOCIATION R INTEGRATIVE WELLNESS INC
(Name of Corporation)

DOCUMENT NUMBER: NO8000006384

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

Please return all correspondence concerning this matter to the following:

LISA UPLEDGER
(Name of Person)

A. J. W.
(Name of Firm/Company)

8850 150th COURT NORTH
(Address)

PALM BEACH GARDENS, FL 33418
(City/State and Zip Code)

For further information concerning this matter, please call:

SHERYL MLEAVIN at (561) 827-0382
(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, SHERYL MCGAVIN, hereby resign as TREASURER
(Title)

of ASSOCIATION ~~to~~ INTEGRATIVE WELLNESS, INC.
(Name of Corporation)

NO8000006384, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
10 MAY -3 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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