(Red	questor's Name)	
(Add	iress)	·····
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



900254793969

12/23/13--01018--007 \*\*35.00

S. HAWKES **EXAMINER** 

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DEPTHERAPY FOUNDATION CORPORATION (Name of Corporation)
DOCUMENT NUMBER: N12000005748
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Jeannine Cook
(Name of Person)
(Name of Firm/Company)
101925 Overseas Highway
(Address)
Key Largo, FL 33037
(City/State and Zip Code)
For further information concerning this matter, please call:
Jeannine Cook (Name of Person)  at (305) 451-0601 x1204 (Area Code & Daytime Telephone Number)
(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

42 . W

<sub>I,</sub> Jeannine cook	hereby resign as reasurer		
	(Tit	le)	
VI	OUNDATION CORPORATI	ON,	
	e of Corporation)		
N12000005748	, a corporation organized under the laws of the	State of	
(Document Number, if known)  Florida			
Tionua —————	<u></u> ·		
		20	
Jeom	(Signature of resigning officer/director)	2013 DEC 23	
	(organization of resigning officer disease)	15 C2	
		. m [];	
		PH 2	
		2: 2 1.0R	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314