

N130000004424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

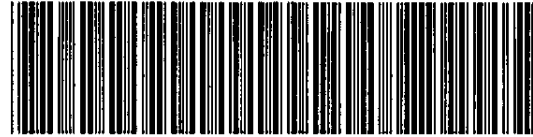
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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300256968053

*Resignation
of Officer*

03/03/14--01034--007 **35.00

FILED
2014 MAR -3 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*OK
3/4/14*

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: House of Healing Hearts Inc
(Name of Corporation)

DOCUMENT NUMBER: N13000004424

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 J Montano

(Name of Person)

(Name of Firm/Company)

11555 Heron Bay Blvd #200

(Address)

Coral Springs, FL 33076

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa J Montano at (954) 755-7302

(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

2014 MAR -3 PM 3:43

I, Lisa J Montano, hereby resign as Director of the STATE
TALLAHASSEE, FLORIDA (Title)

of House of Healing Hearts, Inc
(Name of Corporation)

N13000004424, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(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