

N14000005545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

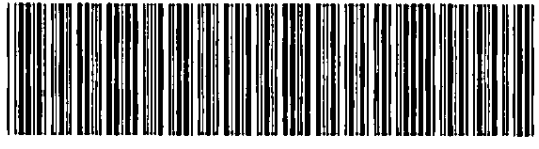
(Business Entity Name)

(Document Number)

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CORPORATION
18 DEC -6 AM 9:26

o/s Resignation

DEC 12 2018
D CUSHING

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Friends of ZIU Medical Center Inc.
(Name of Corporation)

DOCUMENT NUMBER: N14000005545

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

Please return all correspondence concerning this matter to the following:

Cesar Shlain
(Name of Person)

Consulting and Service Solution Corp.
(Name of Firm/Company)

2020 NE 163 st Suite 3000
(Address)

Miami, FL 33162
(City/State and Zip Code)

For further information concerning this matter, please call:

Cesar Shlain at (786) 3786740
(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

19 DEC -6 AM 9:26
RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Alicia Giser, hereby resign as Director and Secretary
(Title)

of Friends of ZIU Medical Center Inc.
(Name of Corporation)

N14000005545, 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

19 DEC 16 AM 9:26
FULTON
OFFICE STAFF
DIVISION OF CORPORATIONS