

N 17 000000 2262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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STATE OF TEXAS
COUNTY OF TARRANT

C. BRUMBLEY

FEB - 1 2022

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

Honey Lake Clinic, Inc.

SUBJECT: _____
(Name of Corporation)

N17000002262

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Kristin Blue

(Name of Person)

Honey Lake Clinic, Inc.

(Name of Firm/Company)

1450 Honey Lake Road

(Address)

Greenville, FL 32331

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Stewart

855

222-4756

(Name of Person) at (_____) _____
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

Kim Nachtwey

Secretary

I, _____, hereby resign as _____
(Title)

Honey Lake Clinic, Inc.

of _____
(Name of Corporation)

N17000002262

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



(Signature of resigning officer/director)

FILED
2022 JAN 12 AM 8:37

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