

N17000002262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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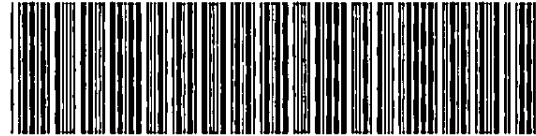
(Business Entity Name)

(Document Number)

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2022 APR 19 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

JUN - 6 2022

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Honey Lake Clinic, Inc
(Name of Corporation)

DOCUMENT NUMBER: H17000002262

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 Stewart
(Name of Person)

~~H17000002262~~ Honey Lake Clinic, Inc
(Name of Firm/Company)

1450 NW Honey Lake Rd
(Address)

Greenville, FL 32331
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Stewart at 904, 591-7134
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2022 APR 19 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FL

I, Bryan Schwartz, hereby resign as Director
(Title)

of Honey Lake Clinic, Inc
(Name of Corporation)

N170000022102, 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