

N 17 0000 12123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

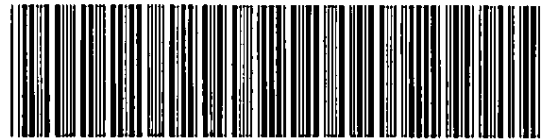
(Business Entity Name)

(Document Number)

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FILED
CLERK OF STATE
JUN 1 2020
JUL 1 2020

old Resignation

JUN 24 2020

D CUSHING

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Patients and Producers Alliance Inc

(Name of Corporation)

DOCUMENT NUMBER: N17000012123

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Danielle Altier

(Name of Person)

(Name of Firm/Company)

2201 West Atlantic Ave Suite A

(Address)

Delray Beach, FL 33445

(City/State and Zip Code)

For further information concerning this matter, please call:

Danielle Altier at (561) 706-8496

(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

RECEIVED
DIVISION OF CORPORATIONS
JAN 10 2017

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Danielle Altier, hereby resign as Treasurer
(Title)

of Patients and Producers Alliance Inc
(Name of Corporation)

N17000012123, 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

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