MBSOLL

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300265950893

11/03/14--01013--003 **87.50

THON -3 PM 5: 0

ensilonpias A

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Florida So	ociety of (Name of Corporation	Addiction	Medicine
DOCUMENT NUMBER:	38614		
The enclosed Resignation of Registered	Agent for a Corporati	on and fee are submitted	for filing.
Please return all correspondence concern	ing this matter to the	following:	
John Harden (Name of Person)			
(Name of Firm/Company	• •		
420 S. Oregon (Address)	Ave		
Tam Da FL (City/State and Zip Code	33606		
For further information concerning this n			
John Harden (Name of Person)	at (<u>813</u>) (Area Code &	477-2435 Daytime Telephone Numb	oer) s
Enclosed is a check made payable to the or \$35.00 for an administratively dissolved	Florida Department o ed, voluntarily dissol	of State for \$87.50 for an wed or withdrawn corpor	active corporation
Amendment Section Am Division of Corporations Div Clifton Building Pos	iling Address: endment Section dision of Corporations of Office Box 6327 ahassee, FL 32314		

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, John Harden (Name of Registered Agent)
Δ.
hereby resigns as Registered Agent for Florida Society of Addiction Wedicine (Name of Corporation)
N 38614
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
Solm Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)
Fee for filing this document:
\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation