

N99000004459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

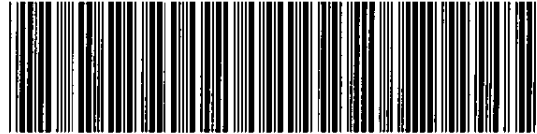
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

ODRS 8/31/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Next Step Center, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N99000004459

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

Please return all correspondence concerning this matter to the following:

Robert F. Wilson

(Name of Person)

Hand-N-Hand Recovery

(Name of Firm/Company)

940 Sunrise Boulevard

(Address)

Ft. Pierce, Florida 34950

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert F. Wilson

at (772) 634-1273

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Robert F. Wilson, hereby resign as Secretary/Director
(Title)

of The Next Step Center, Inc.
(Name of Corporation)

N99000004459, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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