

N99000005653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

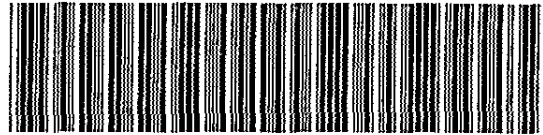
(Business Entity Name)

(Document Number)

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O/O Resign.

mm
9/29/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE 7TH AVENUE RECOVERY CENTER
(Name of Corporation)

DOCUMENT NUMBER: N99000005653

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

Please return all correspondence concerning this matter to the following:

Audrey Harris
(Name of Person)

(Name of Firm/Company)

13367 BOLTON CT
(Address)

SPRING HILL FL 34609
(City/State and Zip Code)

For further information concerning this matter, please call:

Audrey Harris at (352) 688-1026
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, AUDREY JENKINS, hereby resign as MEMBER / DIRECTOR
(Title)

of THE 7TH AVENUE RECOVERY CENTER, INC.
(Name of Corporation)

N99000005653, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Audrey Jenkins
(Signature of resigning officer/director)

FILED
03 SEP 24 PM 2:24
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