

P00000004515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

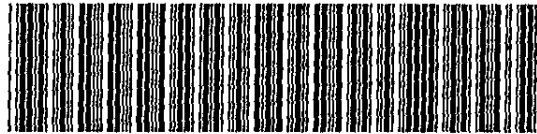
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D Resign.
mm
2/11/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INNOVATIVE REMEDIES
(Name of Corporation)

DOCUMENT NUMBER: P00000004515

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

Please return all correspondence concerning this matter to the following:

GERMON BRIZUELA
(Name of Person)

(Name of Firm/Company)

4680 NW 114 AVE #209
(Address)

Miami, FL 33178
(City/State and Zip Code)

For further information concerning this matter, please call:

HARRY METSCH ESQ at (305) 545-6459
(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

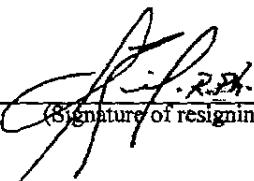
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, GERMAN BRIZUELA, hereby resign as SHAREHOLDER
(Title)

of INNOVATIVE REMEDIES,
(Name of Corporation)

PO0000004515, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

FILED
04 FEB - 5 PM 4:28
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