

PO1000044842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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C. Lewis
12-3-14

TRANSMITTAL LETTER

✓ #
3969

TO: Amendment Section
Division of Corporations

SUBJECT: Michaux Family Chiropractic, AA
(Name of Corporation)

DOCUMENT NUMBER: PO100004842

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

Please return all correspondence concerning this matter to the following:

Judy Michaux
(Name of Person)

Michaux Family Chiropractic
(Name of Firm/Company)

4347 S. U.S. HWY. 27
(Address)

Clermont, FL 34711
(City/State and Zip Code)

For further information concerning this matter, please call:

Kurtis Michaux at (907) 701 4100
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 NOV 24 AM 8:28

I, Judy Michaux, hereby resign as Secretary
(Title)

of Michaux Family Chiropractic, P.A.
(Name of Corporation)

P01000044842, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Judy Saxe Michaux
(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