

PO1000069602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

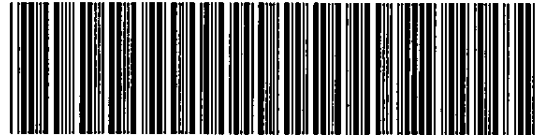
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600259954026

05/09/14--01022--002 **140.00

FILED

14 MAY -9 PM 4:55

O/D Resign.

05-19-14

DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sunshine Therapy Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P01000069602

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

Please return all correspondence concerning this matter to the following:

Thaddeus Thompson
(Name of Person)

(Name of Firm/Company)

22809 E. Country Vista #60
(Address)

Liberty Lake, WA 99019
(City/State and Zip Code)

For further information concerning this matter, please call:

Thaddeus Thompson at (214) 263-1028
(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**

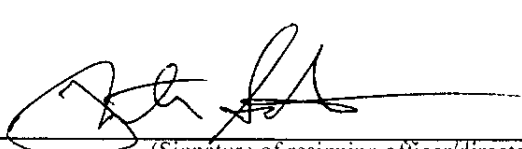
I, Peter Soto, hereby resign as President and Secretary
(Title)

of Sunshine Therapy Center, Inc.
(Name of Corporation)

P01000069602, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

**Sign
Here**


(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

FILED
14 MAY -9 PM 4:55