

P01000078043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

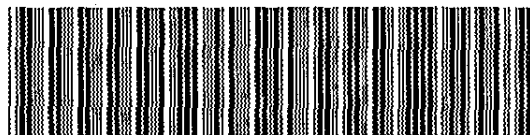
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Special Delivery Midwifery Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P010000078043

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

Please return all correspondence concerning this matter to the following:

Karen Bove  
(Name of Person)

Special Delivery Midwifery  
(Name of Firm/Company)

370 CenterPointe Circle Ste 1150  
(Address)

Altamonte Springs FL 32701  
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Bove at ( 407 ) 339-2777  
(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, Lynn Deer, hereby resign as President, Treasurer  
and <sup>(Title)</sup> Director  
of Special Delivery Midwifery Inc.  
(Name of Corporation)

P010000078043, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Lynn Deer  
(Signature of resigning officer/director)

**FILED**  
03 OCT -6 AM 8:12  
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