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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Furniture Physicians

(Name of Corporation)

DOCUMENT NUMBER: P000004459

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

David Beasley, Registered Agent

(Name of Person)

Furniture Physicians, Inc

(Name of Firm/Company)

3936 S. Semoran Blvd # 491

(Address)

Orlando, FL 32822

(City/State and Zip Code)

For further information concerning this matter, please call:

David Beasley at (407) 812-4576

(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

35.00

