

PO2000035942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

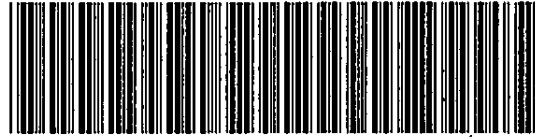
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts JUL 18 2007

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FLORIDA'S TUB DOCTOR  
(Name of Corporation)

DOCUMENT NUMBER: P02000035942

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

Please return all correspondence concerning this matter to the following:

LEE YUDENFRIEND  
(Name of Person)

FLORIDA'S TUB DOCTOR  
(Name of Firm/Company)

23401 OLDE MEADOWBROOK CIRCLE  
(Address)

BONITA SPRINGS, FL. 34134  
(City/State and Zip Code)

For further information concerning this matter, please call:

LEE YUDENFRIEND at ( 561 ) 441 5886  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, FRED YUENFRIEND, hereby resign as PRESIDENT  
(Title)

of FLORIDA'S TUB DOCTOR INCORPORATED  
(Name of Corporation)

P02000035942, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

FILED  
07 JUL 13 AM 9:01  
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