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M/ Die Resign

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LEVERMORE BYODORICAL SERVICEPLAZ (Name of Corporation) DOCUMENT NUMBER: PO200083521
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Jochie Levermure (Name of Person)
(Name of Firm/Company)
P.O. Box 140071 (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (214) GFO-0138 (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,	Jacquelie QUamore, hereby resign as VPCD (Title)
of	(evernore Psycological Service, P. A., (Name of Corporation)
PC	Document Number, if known) a corporation organized under the laws of the State of
	A SS SS ST
	(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