

PD2000104392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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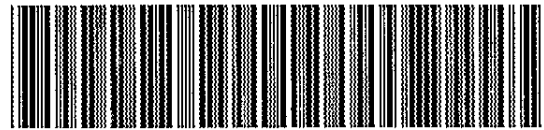
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOLISTIC THERAPY GROUP INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000104392

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

Please return all correspondence concerning this matter to the following:

CORA B. LLERA

(Name of Person)

HOLISTIC THERAPY GROUP INC.

(Name of Firm/Company)

333 41 ST. Suite 822

(Address)

Miami Beach

(City/State and Zip Code)

For further information concerning this matter, please call:

Cora B. Llera

(Name of Person)

at

(305)

672-2998

(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

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TALLAHASSEE, FLORIDA
CLERK OF STATE

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Cora B. Llera, hereby resign as Vice President
(Title)

of Holistic Therapy Group Inc.
(Name of Corporation)

PO2000104392, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Cora B Llera

(Signature of resigning officer/director)

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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