

PD2000123574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

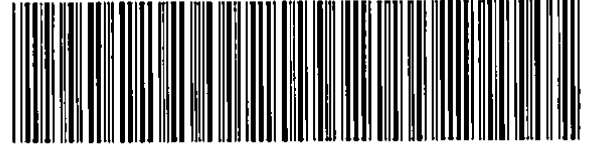
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/06/19--01001--008 **210.00

19 AUG -5 PM 4:32

2019 AUG -5 AM 8:21

OD/RES

AUG 06 2019
ALBRITTON

IA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

COALITION FOR CHILDBIRTH

CHOICES, INC.

Signature _____

Requested by: Seth

08/05/19

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ ☒ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coalition for Childbirth Choices, Inc
(Name of Corporation)

DOCUMENT NUMBER: P02000123574

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

Please return all correspondence concerning this matter to the following:

Alphoncia L. MONTGOMERY
(Name of Person)

Ki V Properties INC
(Name of Firm/Company)

1031 IVES DAIRY ROAD # 228
(Address)

MIAMI FL 33179
(City/State and Zip Code)

For further information concerning this matter, please call:

Alphoncia L. MONTGOMERY at (305) 345-2737
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Wayne P DiGiacomo, hereby resign as Pres, VP, Sec
(Title)

of Coalition for Childbirth Choices, Inc
(Name of Corporation)

P02000123574
(Document Number, if known), a corporation organized under the laws of the State of
Florida


(Signature of resigning officer/director)

FILED
2019 AUG -5 AM 8:21
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