

P03000023789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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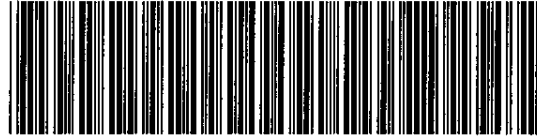
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Comfort Chiropractic
(Name of Corporation)

DOCUMENT NUMBER: P03000023189

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

Please return all correspondence concerning this matter to the following:

Scott S. Cicotte
(Name of Person)

Comfort Chiropractic
(Name of Firm/Company)

16251 N. Cleveland Ave #1
(Address)

N. Ft. Myers, FL 33903
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Cicotte at (239) 997-7000
(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**

FILED
07 MAY 16 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Lauren Cicotte, hereby resign as Vice President
(Title)

of Comfort D.C., P.A.
(Name of Corporation)

703000023789, a corporation organized under the laws of the State of
(Document Number, if known)

Lauren D. Cicotte
(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