

P04 00 00 00 13816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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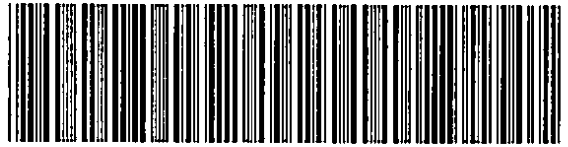
(Business Entity Name)

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010-Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Equisports Therapy Inc
(Name of Corporation)

DOCUMENT NUMBER: PO40000013816

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

Please return all correspondence concerning this matter to the following:

Annett Demma
(Name of Person)

Equisports Therapy
(Name of Firm/Company)

8920 Keen Rd
(Address)

Parrish FL 34219
(City/State and Zip Code)

For further information concerning this matter, please call:

Annett Demma at 727.643.4408
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Alexandra Demma Hanson, hereby resign as Director
(Title)

of Equisports Therapy, Inc.
(Name of Corporation)

PC4000013816, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Alexandra Hanson
(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

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