

PD40000038928

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(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AIR CARE WIZARD, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000038928

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

Please return all correspondence concerning this matter to the following:

PATRICIA DOUGHERTY

(Name of Person)

AIR CARE WIZARD, INC.

(Name of Firm/Company)

104 PERRY AVE

(Address)

FORT WALTON BEACH, FL 32548

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT HUBBARD

(Name of Person)

at ( 850 ) 471-9400

(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**

**SEP 13 PM 4:10**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, PATRICIA Dougherty, hereby resign as Vice President  
(Title)

of Air Canc Wizard, Inc.,  
(Name of Corporation)

P040000 38928, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

Patricia Dougherty  
(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