

P040000083670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

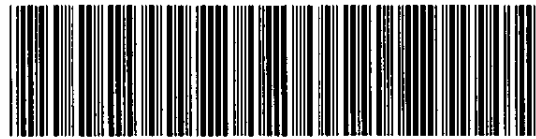
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

off. Resign.

TB

3/30/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Magenta Community Mental Health
(Name of Corporation)

DOCUMENT NUMBER: PO4000083670

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

Please return all correspondence concerning this matter to the following:

Sandra Rodriguez
(Name of Person)

Magenta Community Mental Health Center
(Name of Firm/Company)

7200 N.W. 7th St. MIA, FL 33126
(Address)

MIAMI, FL 33126
(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra Rodriguez at (786) 282-8582
(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**

I, Sandra Rodriguez, hereby resign as officer/Secretary
(Title)

of Magenta CMHC Inc.
(Name of Corporation)

PO4000083670, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Sandra Rodriguez
(Signature of resigning officer/director)

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SECRETARY OF STATE
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