

PD40000087428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

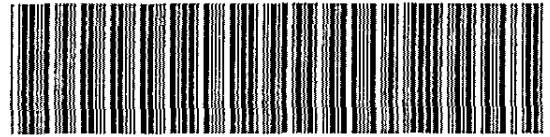
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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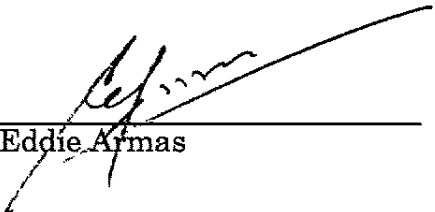
02/08/05--01006--007 **35.00

Ps 2/14/05
ID 105

RESIGNATION

I, Eddie Armas, resign my position of President and Director and Agent of ALL REHABILITATION CENTER INC., a Corporation established under the laws of the State of Florida. Said resignation to become effective immediately.

Dated this 28 day of January, 2005.


Eddie Armas

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this 28 day of January 2005, appeared Eddie Armas who is personally known to me or who produced _____ as identification and who did or did not take an oath.



Nieves Armas
My Commission DD313609
Expires April 26, 2008


NOTARY PUBLIC

PRINT NAME: NIEVES ARMAS

My Commission Expires:

April 26, 2008

CLERK OF STATE
TALLAHASSEE, FLORIDA

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