

PO4000112069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

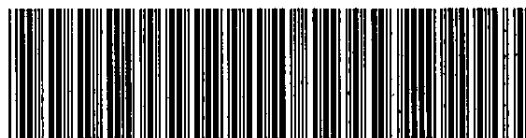
(Business Entity Name)

(Document Number)

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04/08/10--01046---006 **25.00

04/27/10--01011--018 **10.00

FILED
10 APR 27 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2010 APR 13 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Handwritten signatures and initials, including "O/D", "DEC", and "SK".

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPREHENSIVE HEALTH STRATEGIES
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Gladys Coppola
(Contact Person)

COMPREHENSIVE HEALTH STRATEGIES
(Firm/Company)

1717 N. Bayshore Dr. #215-1
(Address)

MIAMI, FL 33132
(City/State and Zip Code)

For further information concerning this matter, please call:

Gladys Coppola at (305) 934-8027
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2010

GLADYS COPPOLA
COMPREHENSIVE HEALTH STRATEGIES
1717 N. BAYSHORE DR., #2151
MIAMI, FL 33132

SUBJECT: COMPREHENSIVE HEALTH STRATEGIES, INC.
Ref. Number: P04000112069

We have received your document for COMPREHENSIVE HEALTH STRATEGIES, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

The fee to resign as officer/director for a corporation is \$35 per person resigning.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 010A00009230

IVED
2010 APR 25 AM 8:00
YOUNG & RUBICAM
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Comprehensive Health Strategies
(Name of Corporation)

DOCUMENT NUMBER: P04000112069

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

Please return all correspondence concerning this matter to the following:

Gladys Coppola
(Name of Person)
Comprehensive Health Strategies
(Name of Firm/Company)
1717 N Bayshore DR #2151
(Address)
Miami FL 33132
(City/State and Zip Code)

For further information concerning this matter, please call:

Gladys Coppola at (305) 934-8027
(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, Gledys Coppola, hereby resign as SD
(Title)
of Comprehensive Health Strategies
(Name of Corporation)
PO4000112069, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Gledys Coppola
(Signature of resigning officer/director)

FILED
10 APR 27 PM 1:23
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