

PO4000166142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pto-Active Wellness
(Name of Corporation)

DOCUMENT NUMBER: PG4000166142

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

Please return all correspondence concerning this matter to the following:

Michelle Lopez
(Name of Person)

Pto-Active Wellness
(Name of Firm/Company)

6545 Nova Drive Suite 208
(Address)

DAVIE, FL 33317
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Lopez at (954) 618-8420
(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, Michelle Lopez, hereby resign as Treasurer
(Title)

of Pro-Active Wellness II, INC.
(Name of Corporation)

P04000166142, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.


(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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