

PO50000014889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

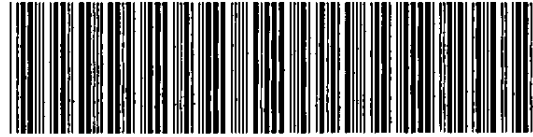
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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700131343857

*Resignation
of officer*

06/23/08--01012--009 **35.00

FILED
2008 JUN 23 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Ad
6/25/08*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Atlantic Vibe Performing Arts, INC
(Name of Corporation)

DOCUMENT NUMBER: P05000014889

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

Please return all correspondence concerning this matter to the following:

Dr. Louis P. Salvagio
(Name of Person)

Affordable Health Center
(Name of Firm/Company)

50 Cypress Point Parkway, Suite B1
(Address)

Palm Coast, FL, 32164
(City/State and Zip/Code)

For further information concerning this matter, please call:

Dr. Louis Salvagio at (386) 445-9444
(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

FILED

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

2008 JUN 23 AM 10:36

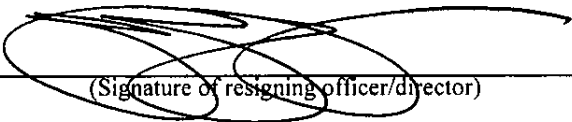
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, DR. LOUIS P. SALVAGIO, hereby resign as February 1, 2007
(Title)

of ATLANTIC VIBE PERFORMING ACADEMY, INC.
(Name of Corporation)

P05000014889, 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