

P05000044602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE FLORIDA

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APR 23 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Professional Recovery of Central Florida, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000044602

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

Please return all correspondence concerning this matter to the following:

Michael James Brosky

(Name of Person)

Professional Recovery of Central Florida, Inc.

(Name of Firm/Company)

612 Oak Street

(Address)

Auburndale, FL 33823

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael James Brosky

(Name of Person)

at (863) 967-8110

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Pamela Layton, hereby resign as Treasurer
(Title)

of Professional Recovery Of Central Florida, Inc.
(Name of Corporation)

P05000044602, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Pamela Layton
(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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