

PD500083596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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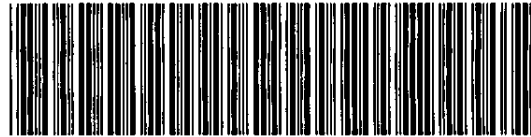
(Business Entity Name)

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*W.DRES*

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R. WHITE

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Rebekah M Haraczka, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO5000083596

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

Please return all correspondence concerning this matter to the following:

Rebekah Haraczka  
(Name of Person)

N/A  
(Name of Firm/Company)

474 Sherman Canal, Apt #6  
(Address)

Venice, CA 90291  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rebekah Haraczka at (310) 254-4894  
(Name of Person) (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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Rebekah M Haraczka, hereby resign as Principal  
(Title)

of Rebekah M Haraczka, P.A.  
(Name of Corporation)

POS000083596, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Rebekah M Haraczka  
(Signature of resigning officer/director)

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14 APR 14 PM 1:50  
STATE OF FLORIDA  
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