

P.0500013742P

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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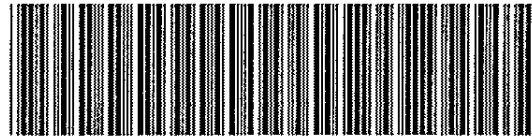
(Business Entity Name)

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Off/lin Resign

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07 JAN 29 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JAN 30 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: True light Community Mental Health Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000137428

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

Please return all correspondence concerning this matter to the following:

Lisette C. Bao

(Name of Person)

(Name of Firm/Company)

18120 S.W. 149 AVE

(Address)

Miami, Florida 33187

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisette C. Bao

(Name of Person)

at (305) 915-8293

(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**

FILED
07 JAN 29 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Lisette C. Bao, hereby resign as VP + D
(Title)

of True light Community mental Health Center, Inc.
(Name of Corporation)

P05000137428, 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