

PO6000007879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

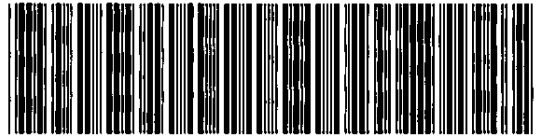
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

07/26/09
10/26/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Montadas Chiropractic Clinic, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000007879

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

Please return all correspondence concerning this matter to the following:

Hindra Montadas

(Name of Person)

(Name of Firm/Company)

1330 W 54 St Apt 120 C

(Address)

Hialeah, FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

Samuel E. Rodriguez

(Name of Person)

at (305) 681-4425

(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, Hindra Montadas, hereby resign as Vice President
(Title)

of Montadas Chiropractic Clinic, Inc
(Name of Corporation)

P06000007879, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

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09 MAY 19 AM 10:24
CLERK OF STATE
TALLAHASSEE, 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