

P06000080342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

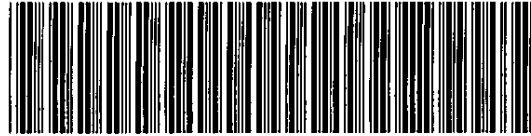
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TALLAHASSEE, FLORIDA

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TO: Amendment Section
Division of Corporations

SUBJECT: Beacon Chiropractic of Port Orange, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000080342

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

Please return all correspondence concerning this matter to the following:

Jason L. Harr, Esquire

(Name of Person)

Law Offices of Jason L. Harr, P.A.

(Name of Firm/Company)

1326 South Ridgewood Avenue, Suite One

(Address)

Daytona Beach, Florida 32114

(City/State and Zip Code)

For further information concerning this matter, please call:

Jason L. Harr, Esquire

(Name of Person)

at (386) 226-4866

(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, James Young, hereby resign as Vice-President/Treasurer
(Title)

of Beacon Chiropractic of Port Orange, Inc.
(Name of Corporation)

P06000080342, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
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SECRETARY OF STATE
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