

PO6000104542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

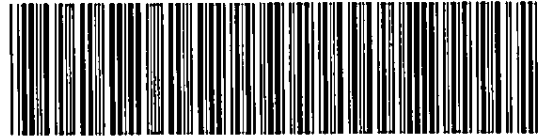
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SOUTH FLORIDA COUNSELING AGENCY, INC  
(Name of Corporation)

DOCUMENT NUMBER: PO 6000104542

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

Please return all correspondence concerning this matter to the following:

Karina Lapa  
(Name of Person)

South Florida Counseling Agency, INC  
(Name of Firm/Company)

10220 W. State Rd 84, suite # 2  
(Address)

Davie - FL 33324  
(City/State and Zip Code)

For further information concerning this matter, please call:

Karina Lapa at ( 954 ) 370 8081  
(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

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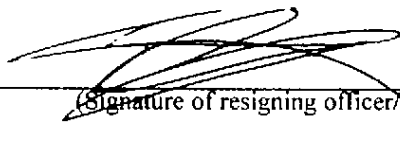
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Igor C. Lapa, hereby resign as Vice President  
(Title)

of South Florida Counseling Agency, Inc.,  
(Name of Corporation)

PO 6000104542, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

  
(Signature of resigning officer/director)

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**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