

PO7000041337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

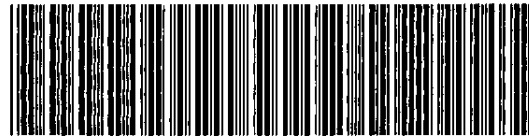
(Business Entity Name)

(Document Number)

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Resignation
of officer

08/05/11--01011--010 **35.00

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2011 AUG -5 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

POB
8/9/11

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SJN OF BREVARD, INC
(Name of Corporation)

DOCUMENT NUMBER: P07000041337

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

Please return all correspondence concerning this matter to the following:

PATRICIA MULREANY

(Name of Person)

SJN OF BREVARD, INC

(Name of Firm/Company)

317 AVENUE A

(Address)

MELBOURNE BEACH, FL 32951

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA SNODGRASS

(Name of Person)

at (321) 543-1938

(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

FILED
OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION **AUG -5 AM 8:53**

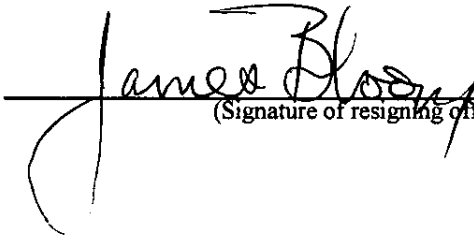
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JAMES BLOOM, hereby resign as VICE PRESIDENT
(Title)

of SJN OF BREVARD, INC
(Name of Corporation)

P07000041337, 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