

P07000089581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

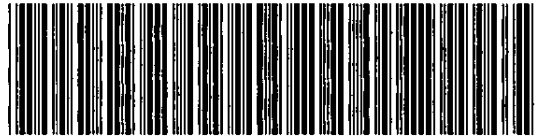
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09 APR 17 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Off Charge  
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4-20-09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IMPACTO House of Recovery, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000089581

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

Please return all correspondence concerning this matter to the following:

ALFONSO LOZADA  
(Name of Person)

IMPACTO House of Recovery, Inc  
(Name of Firm/Company)

7701 SW 114 ST  
(Address)

Miami, FL 33156  
(City/State and Zip Code)

For further information concerning this matter, please call:

ALFONSO LOZADA at (305) 342-0782 or 305 969-6528  
(Name of Person) (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

RECEIVED  
2009 APR 17 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

**09 APR 17 PM 1:57**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, ALFONSO LUZADA, hereby resign as President  
(Title)

of IMPACTO House of Recovery, INC  
(Name of Corporation)

P07000089587, 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