

P07000131616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Resign
C.COULLETTE
JUL 17 2009
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA CHIROPRACTIC CENTER INC
(Name of Corporation)

DOCUMENT NUMBER: P07000131616

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

Please return all correspondence concerning this matter to the following:

CARLA B. CATALAN
(Name of Person)

—
(Name of Firm/Company)

P.O. BOX 432120
(Address)

Miami, FL 33243
(City/State and Zip Code)

For further information concerning this matter, please call:

CARLA B. CATALAN at (786) 290-5637
(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

4-29-09

Dear Personnel:

I am dissolving the corporation and resigning as Register Agent & President. I have divided the applications in three groups. I need for you ~~the~~ to dissolve the corporation first. After the corporation is dissolved, then process the paperwork for the resignation of the register agent and the president. Thank you

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order Process

- 1) Dissolution of Corporation
- 2) Resignation of Register Agent
- 3) Resignation of President

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CARLA B. CATALAN, hereby resign as ^{c.b.c.} PRESIDENT
(Title)
(PRESIDENT)

of FLORIDA CHIROPRACTIC CENTER INC,
(Name of Corporation)

P07000131616, 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314