

P07000131623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

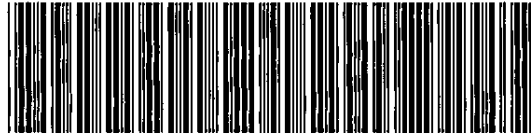
(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:



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05/05/09--01055--010 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY -5 AM 8:20

FILED

off. Resign.

TB 5-12-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C & S CHIROPRACTIC ^{C.B.C.} ~~SEN~~ CENTER
(Name of Corporation)

DOCUMENT NUMBER: P07000131623

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CARLA B. CATALAN, hereby resign as PRESIDENT
(Title)

of C & S CHIROPRACTIC CENTER INC.,
(Name of Corporation)

P07000131623, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

FILED
2009 MAY -5 AM 8:20
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