

PO8000001588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

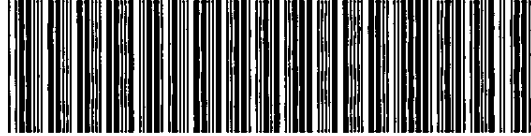
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*Resignation
of officer*

12/29/15--01014--006 **35.00

FILED
15 DEC 29 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 04 2016
A RAMSEY

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Resilience Counseling Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P 08000001588

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

Please return all correspondence concerning this matter to the following:

Karen Peters

(Name of Person)

(Name of Firm/Company)

193 Sawyerwood Pl.

(Address)

Oviedo FL 32765

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Peters

(Name of Person)

at (407) 968-7912

(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

15 DEC 29 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Karen Peters, hereby resign as Vice President
(Title)

of Resilience Counseling Center, Inc
(Name of Corporation)

P08000001588, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

K. Peters
(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