

PD8000017637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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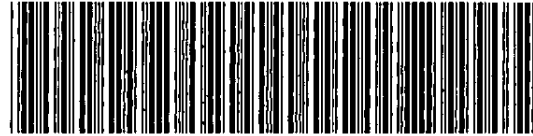
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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C. Goulet JUL 14 2008

COVER LETTER

TO: . Amendment Section
Division of Corporations

SUBJECT: CHILDREN'S DEVELOPMENT AND BEHAVIOR INTERVENTIONS, INC.
_____ of Corporation)
DOCUMENT NUMBER: P08000017637

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

Please return all correspondence concerning this matter to the following:

MELISSA SILVESTRE
(Name of Person)

Children's Development and Behavior Interventions, Inc.
(Name of Firm/Company)

18459 Pines Blvd #184
(Address)

Pembroke Pines, FL 33029
(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa Silvestre at (786) 556 2599
(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, Jenilee Medina, hereby resign as Director
(Title)

of Children's Development + Behavior Intervention
(Name of Corporation) Inc.

_____, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.


(Signature of resigning officer/director)

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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