

PD8000033360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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FILED  
09 APR 27 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Tleers  
4-28-09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ADVANCED TREATMENT CENTER INC  
(Name of Corporation)

**DOCUMENT NUMBER:** PO800003360

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PiBOON KITIPATANASUMPUN  
(Name of Person)

ADVANCE TREATMENT CENTER INC  
(Name of Firm/Company)

1106 34<sup>TH</sup> ST MO.  
(Address)

St. Pete FL 33713  
(City/State and Zip Code)

For further information concerning this matter, please call:

PiBOON KITIPATANASUMPUN at (727) 526-7644  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 20, 2009

PIBOON KITIRATANASUMPUN  
ADVANCED TREATMENT CENTER INC.  
918 52ND AVENUE NORTH  
ST. PETERSBURG, FL 33703

SUBJECT: ADVANCED TREATMENT CENTER INC.  
Ref. Number: P08000033360

We have received your document for ADVANCED TREATMENT CENTER INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$62.50 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 309A00013146

RECEIVED  
2009 APR 27 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

**FILED**  
**09 APR 27 PM 3:53**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, PIBOON KITIRATANASUMPON

(Name of Registered Agent)

hereby resigns as Registered Agent for ADVANCED TREATMENT CENTER INC.

(Name of Corporation)

PO800003360

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

P. Kitiratanasumpun

(Signature of Resigning Agent)

If signing on behalf of an entity:

PIBOON KITIRATANASUMPON

(Typed or Printed Name)

(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**