

P080000055617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY -5 AM 8:13

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off. Resign.

TB 5-12-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA CHIROPRACTIC SERVICES, INC
(Name of Corporation)

DOCUMENT NUMBER: P08000055617

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 FLORIDA CHIROPRACTIC SERVICES, INC
(Name of Corporation)

P08000055617, 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 8:13
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