

PO80000067836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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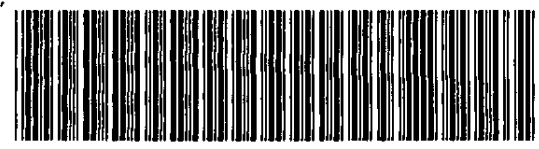
(Business Entity Name)

(Document Number)

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Resignation
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2011 JUL 18 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APL
7/20/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Clarcona Family Chiropractic, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P08000067836

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:

Coretta Anthony-Smith

(Name of Person)

Anthony-Smith Law, P.A.

(Name of Firm/Company)

1701 Park Center Drive, Suite 203

(Address)

Orlando, FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

Coretta Anthony-Smith

(Name of Person)

at (407) 299-8589

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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