

PO 80000 68707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

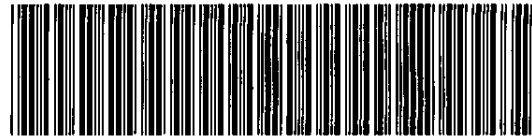
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SYNERGY CHIROPRACTIC OF SOUTH DADE, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000068707

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

Please return all correspondence concerning this matter to the following:

OLIVIO BLANCO JR, DC

(Name of Person)

SYNERGY CHIROPRACTIC OF SOUTH DADE, INC

(Name of Firm/Company)

8500 SW 8 STREET # 222

(Address)

MIAMI, FL. 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

OLIVIO BLANCO JR, DC

(Name of Person)

at ( 305 ) 262-1826

(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

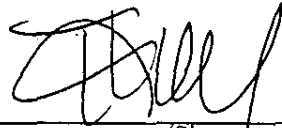
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, TANYA R KAHL, DC., hereby resign as PRESIDENT AND AGENT  
(Title)

of SYNERGY CHIROPRACTIC OF SOUTH DADE, INC  
(Name of Corporation)

P08000068707, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

12/17/10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

23 DEC 27 AM 9:43

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**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