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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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C.COULLIETTE
MAR 172010

EXAMINER

COVER LETTER

SUBJECT: Choices in Living SWF, INC (Name of Corporation)
DOCUMENT NUMBER: VOS 6066 78484
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Beth Gutturna (Name of Person)
(Name of Person)
Chance of Firm/Company)
3812 Styline Bluz
Care Cord Fl 33914 (City/State and Zip Code)
For further information concerning this matter, please call:
Francis Coatturn at (739) 540 (e813 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Beth Getturns, hereby resign as Secre	2tany	·	
of Choices in Living SWF INC (Name of Corporation)	itle)	,	
(Name of Corporation) (Name of Corporation) (Document Number, if known) (Document Number, if known)	e State of		
Florica			
Beth Satturne 3/11/	10		
(Signature of resigning officer/director)	10 TALL	;	
	ECRETAR LLAHASS	14 1-1-1-1 4 1-1-1-1-1	
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FILING FEE IS \$35.00	MI 9-18 OF STATE E. FLORID	lann,	
Make checks payable to Florida Department of State and mail to:			

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314