

PO8000091517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

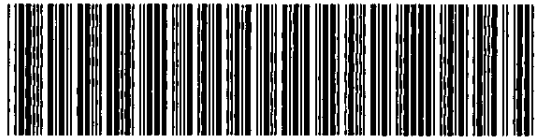
(Business Entity Name)

(Document Number)

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08 DEC 30 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. McKnight JAN 08 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

SUBJECT: C.C. CHIROPRACTIC SERVICES INC  
(Name of Corporation)

DOCUMENT NUMBER: P08000091517

**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 C.C. CHIROPRACTIC SERVICES INC,  
(Name of Corporation)

P08000091517, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

  
(Signature of resigning officer/director)

**FILED**  
08 DEC 30 AM 9:16  
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