

PD8000103906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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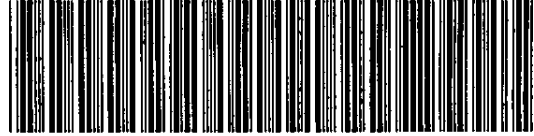
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR 18 AM 7:51

MAR 24 2016

C LEWIS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 441 CHIROPRACTIC + ACUPUNCTURE, INC
(Name of Corporation)

DOCUMENT NUMBER: P08000103906

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

Please return all correspondence concerning this matter to the following:

ZVI ELLIOTT
(Name of Person)

441 CHIROPRACTIC + ACUPUNCTURE, INC.
(Name of Firm/Company)

3640 N. STATE RD 7
(Address)

LAUDERDALE LAKES, FL 33319
(City/State and Zip Code)

For further information concerning this matter, please call:

ZVI ELLIOTT at (954) 731 8999
(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
P.O. Box 6327
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS


16 MAR 18 AM 7:51

I, WUDDENS EXAVIER, hereby resign as VICE PRESIDENT
(Title)

of 441 CHIROPRACTIC & ACCUPUNCTURE, INC.
(Name of Corporation)

P08000103906, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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