

PO9000040363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

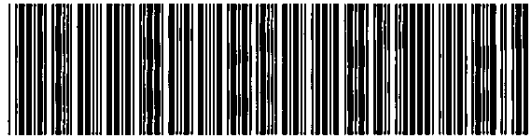
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2009 MAY 15 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TB

5/20/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 1ST CHOICE RECOVERY, INC.
(Name of Corporation)

DOCUMENT NUMBER: P09000040363

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

Please return all correspondence concerning this matter to the following:

DANIEL HERNANDEZ

(Name of Person)

1ST CHOICE RECOVERY, INC.

(Name of Firm/Company)

14375 SW 97TH TER

(Address)

MIAMI, FL 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL HERNANDEZ

(Name of Person)

at (305) 305-4661

(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**

FILED
2009 MAY 15 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, SOPHIA HERNANDEZ, hereby resign as SECRETARY
(Title)

of 1ST CHOICE RECOVERY, INC.
(Name of Corporation)

P09000040363, 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