

P09000054779

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TALLAHASSEE, FLORIDA

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OCT 20 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Variable Chiropractic Inc.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Paul Menzies P.C.
(Name of Person)

Clarcona Family Chiropractic
(Name of Firm/Company)

4522- Clarcona Ocoee Rd Ste 200
(Address)

Orlando, FL 32810
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Menzies at (321) 594-0762
(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, Paul Menzies D.C. hereby resign as President / owner
(Title)

of Amable Chiropractic, Inc
(Name of Corporation)

P09000054779 a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Paul Menzies D.C.
(Signature of resigning officer/director)

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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