

P09000095365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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01010
JUN 20 2017

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: I am relinquishing my position as a company president

(Name of Corporation)

DOCUMENT NUMBER: P09000095365

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

Please return all correspondence concerning this matter to the following:

RAUL LUZARDO

(Name of Person)

MAGI HEALTH CARE CLINIC, INC

(Name of Firm/Company)

7433 BIG CYPRESS DR

(Address)

MIAMI LAKES, FL 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

RAUL LUZARDO

(Name of Person)

at (**786**) **873-6768**

(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**

I, RAUL LUZARDO, hereby resign as PRESIDENT
(Title)

of MAGI HEALTH CARE CLINIC, INC
(Name of Corporation)

P09000095365, 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