

P09000101615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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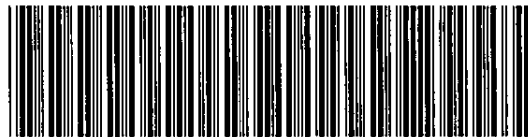
(Business Entity Name)

(Document Number)

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DEC - 3 2012

T. BROWN

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GOLDEN ROD GROUP INC
(Name of Corporation)

DOCUMENT NUMBER: PO9000101615

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

Please return all correspondence concerning this matter to the following:

JAY LUCAS
(Name of Person)

PHYSICIANS RESOURCE LLC
(Name of Firm/Company)

1024 N. US HWY 1
(Address)

ORMOND BEACH FL 32174
(City/State and Zip Code)

For further information concerning this matter, please call:

JAY LUCAS at (386) 523-1581
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

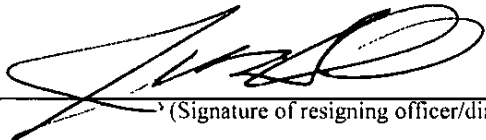
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I, JAMES CHIRILLO, hereby resign as TREASURER
(Title)

of GOLDEN ROD GROUP INC
(Name of Corporation)

PO9000101615, 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