

P10000063399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

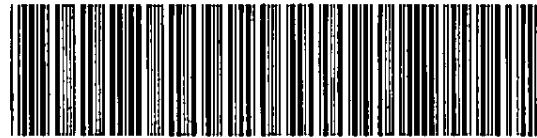
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500309457995

02/28/18--01018--023 **35.00

FILED
2018 FEB 28 P 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 01 2018

T. LEMIEUX

50

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATIONAL MALE CLINIC, INC
(Name of Corporation)

DOCUMENT NUMBER: P100000 63399

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

Please return all correspondence concerning this matter to the following:

KAREN SCHLUETER
(Name of Person)

NATIONAL MALE CLINIC, INC
(Name of Firm/Company)

167 CARIS BROOKE STREET
(Address)

OLDEE FL. 34761
(City/State and Zip Code)

For further information concerning this matter, please call:

KAREN SCHLUETER at (407) 721 2491
(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**

I, KAREN SCHLUETER, hereby resign as VP AND SECRETARY
(Title)

of NATIONAL MALE CLINIC, INC
(Name of Corporation)

P10000063399, 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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 FEB 28 P 12:27

FILED