

P/00000103036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

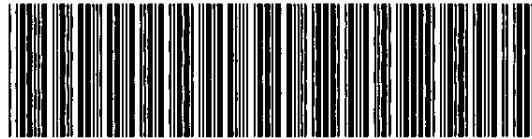
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FEB 15 2012  
T. ROBERTS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Atlas Massage Therapy  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000103036

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

Please return all correspondence concerning this matter to the following:

Juan J. Santana

(Name of Person)

Atlas Massage Therapy

(Name of Firm/Company)

3956 Sunbeam Road #3

(Address)

Jacksonville, FL. 32257

(City/State and Zip Code)

For further information concerning this matter, please call:

Juan J. Santana

(Name of Person)

at ( 904 ) 619-4878

(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

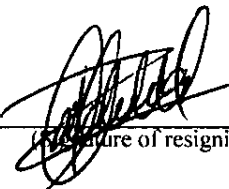
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**  
**12 FEB 14 PM 1:44**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

I, Roxana Suarez, hereby resign as VP  
(Title)

of Atlas Massage Therapy Corp.  
(Name of Corporation)

P10000103036, 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