

PI10000003861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

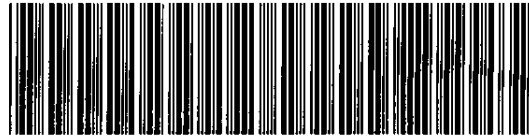
(Business Entity Name)

(Document Number)

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Resignation
to Officer

08/22/11--01012--017 **157.50

FILED
2011 AUG 22 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/23/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Go Away Pain, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P 11 000003861

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

Please return all correspondence concerning this matter to the following:

Dayamanty Pino
(Name of Person)

Go Away Pain, Inc.
(Name of Firm/Company)

9758 S.W. 24th St.
(Address)

Miami, FL 33165
(City/State and Zip Code)

For further information concerning this matter, please call:

Dayamanty Pino at (305) 559-4100
(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**

FILED

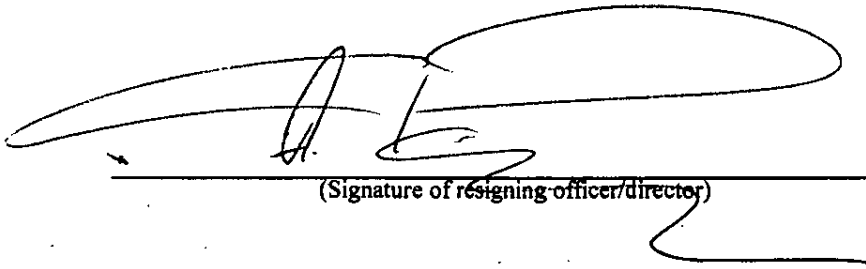
2011 AUG 22 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Alfredo Alvarez, hereby resign as President
(Title)

of Go Away Pain, Inc
(Name of Corporation)

P11000003861, 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