

P110000011886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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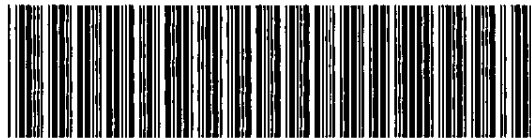
(Business Entity Name)

(Document Number)

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Resignation
of officer

11/01/12--01012--009 **35.00

FILED
2012 NOV - 1 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
11/5/12

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shtulman Family Chiropractic PA
(Name of Corporation)

DOCUMENT NUMBER: P11000011886

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

Please return all correspondence concerning this matter to the following:

Ian Shtulman

(Name of Person)

Shtulman Family Chiropractic PA

(Name of Firm/Company)

8855 Hypoluxo Road Suite C-11

(Address)

Lake Worth, FL 33467

(City/State and Zip Code)

For further information concerning this matter, please call:

Ian Shtulman

(Name of Person)

at (561) 275-2525

(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**

FILED

2012 NOV -1 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Howard Shtulman, hereby resign as Vice President
(Title)

of Shtulman Family Chiropractic PA
(Name of Corporation)

P11000011886

(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