

P110000019009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

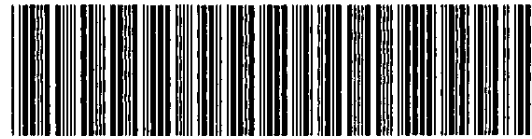
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600237723166

07/25/12--01011--026 **87.50

PAID
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 25 PM 2:36

RA/Res
@ 7/25/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Atlantic Chiropractic Studio Inc
(Name of Corporation)

DOCUMENT NUMBER: P11000019009

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judith LaBarge

(Name of Person)

Atlantic Chiropractic Studio inc

(Name of Firm/Company)

103 Del Sol Circle

(Address)

Tequesta FL 33469

(City/State and Zip Code)

For further information concerning this matter, please call:

Judith LaBarge

(Name of Person)

at (**561**) **7683327**

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Dr. Judith LaBarge

(Name of Registered Agent)

hereby resigns as Registered Agent for Atlantic Chiropractic Studio INC

(Name of Corporation)

P11000019009

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.

[Signature]
(Signature of Resigning Agent)

If signing on behalf of an entity:

JUDITH LABARGE
(Typed or Printed Name)

Registered Agent
(Capacity)

FILED
CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS
12 JUL 25 PM 2:36

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314