

P11000042034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

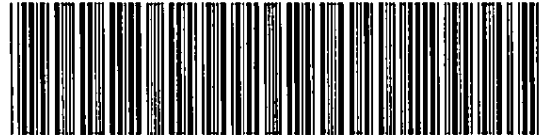
(Business Entity Name)

(Document Number)

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JALAHASSA, FLORIDA

MAR 16 2019

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORNERSTONE RECOVERY CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: P11000042034

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

Please return all correspondence concerning this matter to the following:

Diane L. Hickey

(Name of Person)

(Name of Firm/Company)

8920 Parkside Estates Drive

(Address)

Davie, FL 33328

(City/State and Zip Code)

For further information concerning this matter, please call:

Diane L. Hickey

(Name of Person)

at (954) 854-4373

(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, Diane L. Hickey, hereby resign as Share Holder
(Title)

of Cornerstone Recovery Center, Inc.,
(Name of Corporation)

P11000042034, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Diane L. Hickey
(Signature of resigning officer/director)

FILED
18 MAR 15 PM 3:24
TALLAHASSEE, FLORIDA

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