

P11000051882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

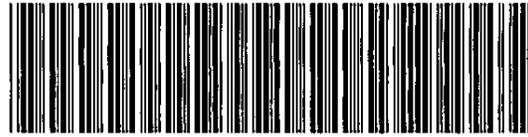
(Business Entity Name)

(Document Number)

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OCT 24 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Off Resign

OCT 24 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Southlake Autism and Behavior Services PA
(Name of Corporation)

DOCUMENT NUMBER: P11000051882

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

Please return all correspondence concerning this matter to the following:

TERRI HAWARD
(Name of Person)

Southlake Autism and Behavior Services, PA
(Name of Firm/Company)

3815 Breckinridge LN
(Address)

Clermont FL 34711
(City/State and Zip Code)

For further information concerning this matter, please call:

TERRI HAWARD at (352) 978-3045
(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

FILED

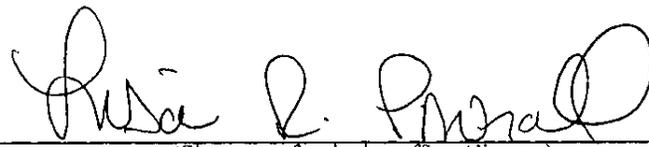
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

OCT 24 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Lisa R. Pownall, hereby resign as Vice President
(Title)

of Southlake Autism and Behavior Services, PA
(Name of Corporation)

P11000051882, 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