

P11600057021

(Requestor's Name)

(Address)

(Address)

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SECRETARY
TALLAHASSEE

old Resignation

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Relyon Chiropractic and Rehab Inc
(Name of Corporation)

DOCUMENT NUMBER: P11000057021

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

Please return all correspondence concerning this matter to the following:

GARY D. Kines
(Name of Person)

RelyOn Chiropractic and Rehab
(Name of Firm/Company)

12417 Playley Green Ct
(Address)

Jacksonville, FL 32246
(City/State and Zip Code)

For further information concerning this matter, please call:

Lori Christy Kines at (904) 377-9349
(Name of Person) (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

FILED
14 NOV -3 PM 5:00
TALLAHASSEE, FL
SECRETARY OF STATE

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Lori Christy Kines, hereby resign as Vice President - VP
(Title)

of Relyon Chiropractic and Rehab Inc.
(Name of Corporation)

P11000057021, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Lori Christy Kines
(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

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TALLAHASSEE