

PI10000089925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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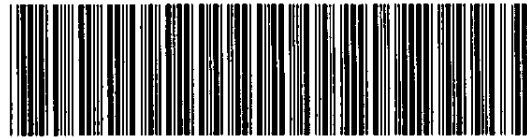
(Business Entity Name)

(Document Number)

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Resignation
to officer

03/01/13--01022--027 **35.00

FILED
2013 MAR - 1 PM 3:59
SEC. OF STATE
TALLAHASSEE, FLORIDA

3/5/13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RECOVERY AND WELLNESS CENTER INC.
(Name of Corporation)

DOCUMENT NUMBER: P11000089925

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

Please return all correspondence concerning this matter to the following:

MICHEL ARECHAULETA, DANY RODRIGUEZ, OR WILFREDO MARTINEZ

(Name of Person)

RECOVERY AND WELLNESS CENTER INC.

(Name of Firm/Company)

3367 W. VINE STREET

(Address)

KISSIMMEE, FL 34741

(City/State and Zip Code)

For further information concerning this matter, please call:

NAZNEEN KARDEC at (407) 590-7756

(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
2013 MAR -1 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, NAZNEEN KARDEC, hereby resign as PRESIDENT
(Title)

of RECOVERY AND WELLNESS CENTER, INC.
(Name of Corporation)

P11000089925, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Dr. Nazneen Kardec
(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