## 111092875

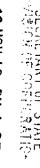
(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300253852013

11/18/13--01007--010 \*\*35.00



## TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: ACCELERATED THERAPY SOLUTIONS (Name of Corporation)	NC
DOCUMENT NUMBER: P110000 92875	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
(Name of Person)	
(Name of Firm/Company)	
4420 NW 28M WAY (Address)	
BOCA RATON FL 33434 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Alex Soave at (561) 577 4860  (Name of Person) (Area Code & Daytime Telephone Number)	

TO:

Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Alex Soave	, hereby resign as	PN esi Dent (Title)
01	of Corporation)	LAMS INC.
(Document Number, if known)	_, a corporation organized under t	the laws of the State of
(S	ignature of resigning officer/director)	SECRETARY OF STATE ON 1:2

## 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