

P 11000107692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

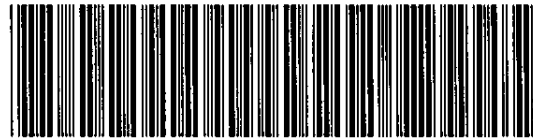
(Business Entity Name)

(Document Number)

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SECRETARY OF
TALAMASSER, T. CAIDA

AUG 28 2014

C. GARROTHERS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Paula Ferreira DVM P.A.
(Name of Corporation)

DOCUMENT NUMBER: P11000107692

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

Please return all correspondence concerning this matter to the following:

Paula Ferreira

(Name of Person)

Paula Ferreira DVM
(Name of Firm/Company)

11091 NW 87th Lane

(Address)

Doral FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

Paula Ferreira at (305) 762-2514
(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

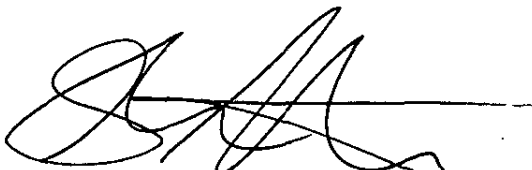
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Shawn Beightol, hereby resign as Director
(Title)

of Paula Ferreira DVM P.A.
(Name of Corporation)

P11000107692, 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

SECRET
TALLAHASSEE, FLORIDA

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