

P12000031373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

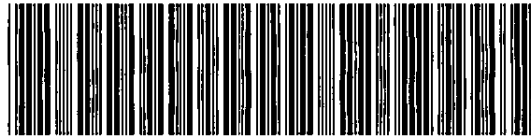
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 11 2014

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2014

DOMINIC AUSTIN
11500 SW 26TH STREET APT 304
MIRAMAR, FL 33025

SUBJECT: HOLLYWOOD PAIN & REHAB CENTER INC.
Ref. Number: P12000031373

We have received your document for HOLLYWOOD PAIN & REHAB CENTER INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 714A00016036

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hollywood Pain + Rehab Center Inc.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Dominic Austin
(Name of Person)

None
(Name of Firm/Company)

11500 SW 26th St. 304
(Address)

Miramar, Florida 33025
(City/State and Zip Code)

For further information concerning this matter, please call:

Dominic Austin at (864) 279-7668
(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

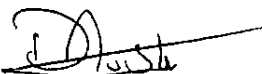
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Dominic Austin, hereby resign as President
(Title)

of Hollywood Pairs & Labels Inc.
(Name of Corporation)

P120000 31373, 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

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TALLAHASSEE, FLORIDA

14 AUG 1 PM 3:29

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