

PI20000035278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

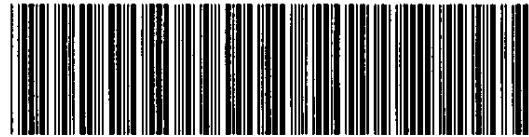
(Business Entity Name)

(Document Number)

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MR. L. B. STANTON
CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS
12 AUG 16 AM 10:09

OD/Res
10 8/20/12

COVER LETTER

TO: Amendment Section
Division of Corporations

DOCTOR LIMON, CORP

SUBJECT: _____
(Name of Corporation)
P12000035278

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:

JOSE. A. COMBINA

(Name of Person)

DOCTOR LIMON, CORP

(Name of Firm/Company)

13766 S.W. 84TH STREET

(Address)

MIAMI, FL 33183

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE A. COMBINA _____ at (**321**) **299-7588**
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

CARLOS J. BRESCIA

DIRECTOR/TREASURER

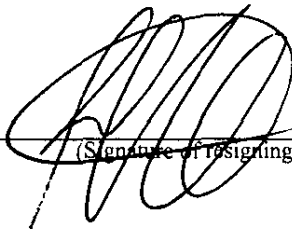
I, _____, hereby resign as _____
(Title)

DOCTOR LIMON, CORP

of _____,
(Name of Corporation)

P12000035278

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



(Signature of resigning officer/director)

08/03/2012

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 16 AM 10:09