

P12000048502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

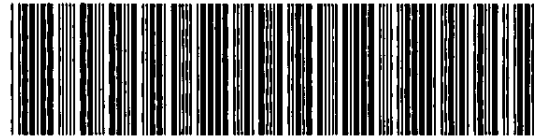
(Business Entity Name)

(Document Number)

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@ 3/4/14

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FLORIDA CASE MANAGEMENT & BEHAVIOR SERVICES, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P12000048502

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

Please return all correspondence concerning this matter to the following:

ARIEL LOPEZ

(Name of Person)

N/A

(Name of Firm/Company)

15257 SW 81 TERR.

(Address)

MIAMI, FL 33193

(City/State and Zip Code)

For further information concerning this matter, please call:

ARIEL LOPEZ

(Name of Person)

at (786) 379-8705

(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

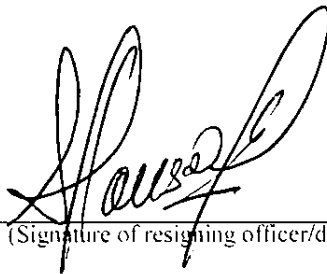
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ARIEL LOPEZ, hereby resign as PRESIDENT  
(Title)

of FLORIDA CASE MANAGEMENT & BEHAVIOR SERVICES, INC  
(Name of Corporation)

P12000048502 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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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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