

A3000015302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

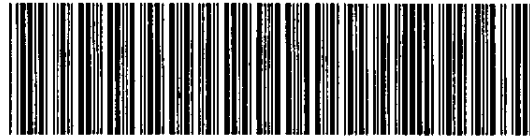
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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35.00
9/2/13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Healthcare Massage, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P13000015302

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

Please return all correspondence concerning this matter to the following:

Huayu Brooks

(Name of Person)

Healthcare Massage, Inc.

(Name of Firm/Company)

555 E. 25 Street, #118-119

(Address)

Hialeah, Florida 33013

(City/State and Zip Code)

For further information concerning this matter, please call:

Sun Xi Xiu

(Name of Person)

at (

718-908-6567
(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, Huayu Brooks, hereby resign as Director, President, Treasurer
(Title)

of Healthcare Massage, Inc.
(Name of Corporation)

P13000015302, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Huayu Brooks
(Signature of resigning officer/director)

FILED
18 AUG 29 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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