

P13000049870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

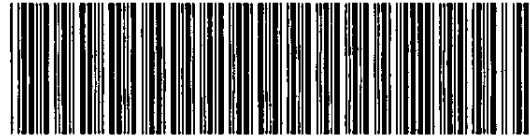
(Business Entity Name)

(Document Number)

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09/16/13--01009--001 **35.00

*Resignation
to officer*

FILED
2013 SEP 16 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
9/25/13*

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COUNSELING PARTNERSHIP OF FLORIDA INC
(Name of Corporation)

DOCUMENT NUMBER: P13000049870

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

Please return all correspondence concerning this matter to the following:

Max A. Suter

(Name of Person)

(Name of Firm/Company)

6847 Dayton Road

(Address)

Jacksonville FL 32210

(City/State and Zip Code)

For further information concerning this matter, please call:

Max A. Suter

(Name of Person)

at **904 755-6761**

(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**

2013 SEP 16 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Max A. Suter, hereby resign as Vice President
(Title)

of COUNSELING PARTNERSHIP OF FLORIDA INC,
(Name of Corporation)

P13000049870, 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