

P13000071267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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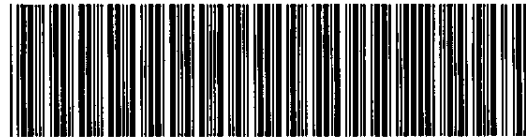
(Business Entity Name)

(Document Number)

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14 JAN 15 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FL 32310

APPROVED
AND
FILED

C. LEWIS

JAN 23 2014

EXAMINER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dream Center For Recovery, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P13000071267

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

Please return all correspondence concerning this matter to the following:

Christina Tucker

(Name of Person)

Dream Center For Recovery, Inc.

(Name of Firm/Company)

4976 SW Leighton Farm Ave.

(Address)

Palm City, FL 34990

(City/State and Zip Code)

For further information concerning this matter, please call:

Christina Tucker at (772) 370-3290

(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**

APPROVED
AND
FILED

14 JAN 15 PM 3:53


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Novanna R. Barrett, hereby resign as Secretary Vice President
(Title)

of Dream Center For Recovery, Inc.
(Name of Corporation)

P13000071267, 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