

PI3000085578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

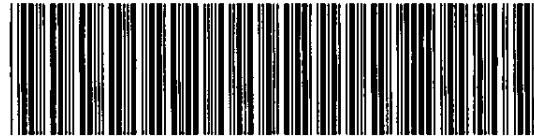
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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000253224880

*Resignation
of Officer*

10/31/13--01017--007 **35.00

FILED
2013 OCT 31 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
11/5/13*

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIAMI KEY REHAB, INC.
(Name of Corporation)

DOCUMENT NUMBER: P13000085578

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

Please return all correspondence concerning this matter to the following:

YUNET ORUNA

(Name of Person)

MIAMI KEY REHAB, INC.

(Name of Firm/Company)

4445 WEST 16 AVE SUITE-308

(Address)

HIALEAH, FL. 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

YUNET ORUNA

(Name of Person)

at (305) 206-9194

(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**

FILED

2010 OCT 31 PM 4:57

I, ELSIE M. CASTRO, hereby resign as PRESIDENT CLERK OF STATE
TALLAHASSEE, FLORIDA
(Title)

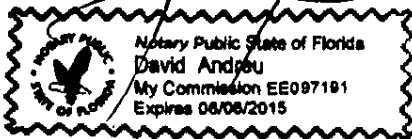
of MIAMI KEY REHAB, INC.
(Name of Corporation)

P13000085578, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Elsie Castro

(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