

P14000010529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NU-ME Medical Clinic, Inc
(Name of Corporation)

DOCUMENT NUMBER: P14000010529

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

Please return all correspondence concerning this matter to the following:

Amy Velleff

(Name of Person)

(Name of Firm/Company)

3915 Hidden Oaks Lane

(Address)

Melbourne, FL 32934

(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Velleff

(Name of Person)

at **321 750-3113**

(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, Amy Velleff, hereby resign as VP
(Title)

of NU-ME Medical Clinic, Inc
(Name of Corporation)

P14000010529, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Amy Velleff 4/11/2016
(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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TALLAHASSEE, FLORIDA

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