

P14000026443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

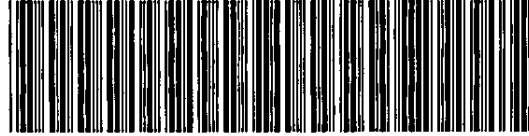
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400279076474

resignation

11/16/15--01009--014 **35.00

of officer

FILED
2015 NOV 16 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 16 2015
A RAMSEY

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

FILED

2015 NOV 16 PM 4:43

SUBJECT: JIN'S HEALING MASSAGE, INC.

(Name of Corporation)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT NUMBER: P14000026443

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

Please return all correspondence concerning this matter to the following:

ZHEHAO PEI

(Name of Person)

JIN'S HEALING MASSAGE, INC.

(Name of Firm/Company)

10919 N. DALE MABRY HWY

(Address)

TAMPA, FL. 33618

(City/State and Zip Code)

For further information concerning this matter, please call:

ZHEHAO PEI

(Name of Person)

at (813) 574-7875

(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

2015 NOV 16 PM 4:43

I, LIANHUA ZHU, hereby resign as SECRETARY
of JIN'S HEALING MASSAGE, INC.
(Name of Corporation)

P14000026443, 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