

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT RESIGNATION
UNITY CHIROPRACTIC NEUROLOGY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA

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S. TALLENT

NOV 14 2016

R/A-Resign

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNITY CHIROPRACTIC NEUROLOGY, INC.
(Name of Corporation)

DOCUMENT NUMBER: P14000049594

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kate Seidita

(Name of Person)

NATIONAL REGISTERED AGENTS, INC.

(Name of Firm/Company)

111 8th Avenue, 13th Floor

(Address)

New York, NY 10011

(City/State and Zip Code)

For further information concerning this matter, please call:

Kate Seidita

(Name of Person)

at 212 894-8526

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, NRAI SERVICES, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for UNITY CHIROPRACTIC NEUROLOGY, INC.

(Name of Corporation)

P14000049594

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

NRAI SERVICES, INC.-Kate Seidita

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 NOV 10 AM 9:52

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Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314