## P14000074294

(Re	equestor's Name)	
(Ac	idress)	
, (Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
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SICRETARY OF STATES
DIVISION OF CORPORATION

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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: GROW MY PRACTICE SIME (Name of Corporation)  DOCUMENT NUMBER: 914 0000 74294
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
FRAME (SOLD BERG- (Name of Person)
(Name of Firm/Company)
7203 VESUVIO PLACE (Address)
BOYNTON BEACH FL 33437-3748 (City/State and Zip Code)
For further information concerning this matter, please call:
Trank GOLDBERG at (754) 244 4480 (Name of Person) at (754) 244 4480 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

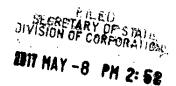
Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

**Amendment Section** 

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, FRAME GOLDBERG , hereby resign as VICE PASSIDERS T, (Title)
of GRAW My PRACTICE INC (Name of Corporation)
P14 0060 742 94 , a corporation organized under the laws of the State of (Document Number, if known)
FLORIDA.
Inh And
(Signature of regioning 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