

P1400007B430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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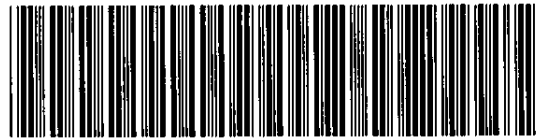
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 NOV 12 PM 4:05

NOV 25 2014
T. CARTER

OLD Resign.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Family First Community Mental Health Center
(Name of Corporation)

DOCUMENT NUMBER: P14000078430

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

Please return all correspondence concerning this matter to the following:

Mariafernanda Flores, Registered Agent
(Name of Person)

Family First CmHc
(Name of Firm/Company)

11081 SW 62 Terrace
(Address)

Miami, FL 33173
(City/State and Zip Code)

For further information concerning this matter, please call:

Christine Peña at (305) 801-0088
(Name of Person) (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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV 12 PM 4:05

I, Christine Peña, hereby resign as Vice-President
(Title)
of Family First Center Community Mental Health Center, Inc.
(Name of Corporation)

P14000078430, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Christine Peña

(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