

P146000578436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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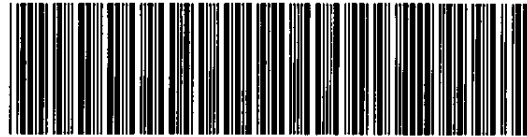
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(Document Number)

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DO

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Family First Community Mental Health Ce
(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 G. Flores

(Name of Person)

Family First Community Menatl I

(Name of Firm/Company)

11081 SW 62 TERR

(Address)

Miami, FL 33173

(City/State and Zip Code)

For further information concerning this matter, please call:

Mariafernanda Flores at **305 731-0091**

(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

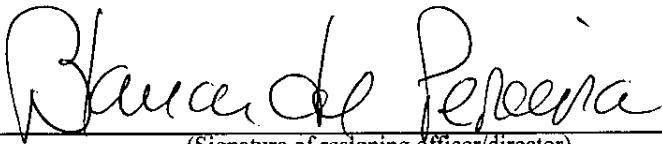
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Blanca de Pereira, hereby resign as VP
(Title)

of Family First Community Mental Health Center Inc,
(Name of Corporation)

P14000078430, 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

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