

P150000004460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

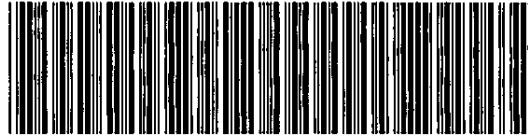
(Business Entity Name)

(Document Number)

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15 APR 13 AM 7:31
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TRANSMITTAL LETTER

FILED
15 APR 13 AM 7:31
TALLAHASSEE FL 32301
REC'D
TALLAHASSEE FL 32301

TO: Amendment Section
Division of Corporations

SUBJECT: Pax Recovery Campus, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P15000004460

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

Please return all correspondence concerning this matter to the following:

Fred Moldt

(Name of Person)

N/A

(Name of Firm/Company)

1338 sw 2nd ct

(Address)

fort lauderdale/fl 33312

(City/State and Zip Code)

For further information concerning this matter, please call:

Fred Moldt at **561 859-3185**

(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

*THE NAME REGISTERED IN SUNBIZ IS "FREDDY MOLGT"
*It's misspelled

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Fred Moldt, hereby resign as President
(Title)

of Pax Recovery Campus, LLC,
(Name of Corporation)

P15000004460, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

FILED
15 APR 13 AM 7:31
TALLAHASSEE, FLORIDA

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