

P15000004460

(Requestor's Name)

(Address)

(Address)

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TRANSMITTAL LETTER

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:

Santiago Gutierrez

(Name of Person)

n/a

(Name of Firm/Company)

2707 SW 2nd st

(Address)

Delray Beach/FL 33445

(City/State and Zip Code)

For further information concerning this matter, please call:

Santiago Gutierrez

(Name of Person)

at (**561**) **674-2356**

(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, Santiago Gutierrez, hereby resign as Director
(Title)

of Pax Recovery Campus, Inc
(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 15 AM 11:30
SECRETARY OF STATE
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