

PI500018346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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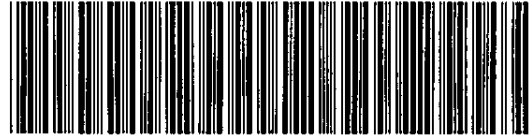
(Business Entity Name)

(Document Number)

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A. WHITE

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GARDEN THERAPY CENTER INC.
(Name of Corporation)

DOCUMENT NUMBER: P15000018346

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

Please return all correspondence concerning this matter to the following:

DIANDY RAMOS GONZALEZ

(Name of Person)

GARDEN THERAPY CENTER INC.

(Name of Firm/Company)

5593 SW 8TH ST

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

DIANDY GONZALEZ at **305 763-3197**

(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, MICHEL RODRIGUEZ, hereby resign as PRESIDENT
(Title)

of GARDEN THERAPY CENTER INC.
(Name of Corporation)

P15000018346, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

15 APR -6 PM 3:10
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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