

P15000090139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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*Resignation*  
*DB Officer*

12/30/15--01015--013 \*\*35.00

FILED  
15 DEC 30 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 05 2016  
A RAMSEY

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CLADD HEALTH CORP.  
(Name of Corporation)

**DOCUMENT NUMBER:** P15000090139

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

Please return all correspondence concerning this matter to the following:

**MICHAEL KOCHEN**

(Name of Person)

**CLADD HEALTH CORP.**

(Name of Firm/Company)

**1005 NE 125TH STREET**

(Address)

**MIAMI, FL 33161**

(City/State and Zip Code)

For further information concerning this matter, please call:

**MICHAEL KOCHEN** at **(305) 877-1376**  
(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**

15 DEC 30 PM 4:26

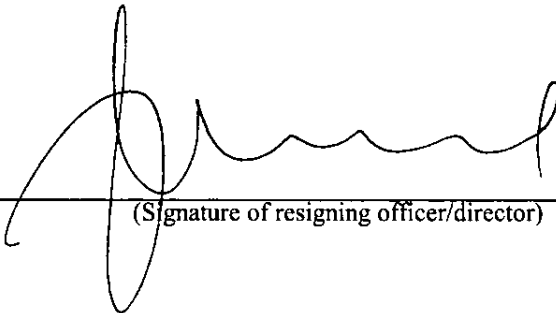
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, **MARCELO KOCHEN**, hereby resign as **CEO**  
(Title)

of **CLADD HEALTH CORP.**  
(Name of Corporation)

**P15000090139**, 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