

P16000097986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

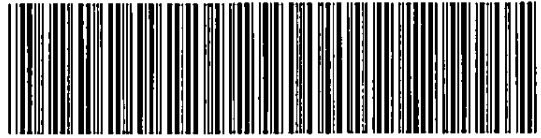
(Business Entity Name)

(Document Number)

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2023 FEB 27 AM 9:27

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A. DUTLER  
MAY 16 2023

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Helping Hands Recovery Center

(Name of Corporation)

**DOCUMENT NUMBER:** P16000097986

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

Please return all correspondence concerning this matter to the following:

Donna Hedgepeth

(Name of Person)

Helping Hands Recovery Center

(Name of Firm/Company)

4101 North Andrews Ave Suite 209

(Address)

Fort Lauderdale Florida 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Donna Hedgepeth

(Name of Person)

at ( 954 )

261-2580

(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

2023 FEB 27 AM 2:21

I, David Austin, hereby resign as CEO  
(Title)

of Helping Hands Recovery Center  
(Name of Corporation)

P16000097986, 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