P17000000 4993

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/21p/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900322764969

01/18/19--01017--001 *+35.00

是是 第二十二章

raitina

JAN 2 5 2019

D CUSHING

TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: SOLID ROCK BEHAVIORAL HEALTH & ASSOC., WORP. (Name of Corporation)		
DOCUMENT NUMBER: <u>P17000004993</u>		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
JOHANE LA PLANTE (Name of Person)		
C/O DEDRICK D. STRAGIND, ATTURNEY ATLAND (Name of Firm/Company)		
26 SW 5th AVE. (Address)		
DERRY Berl, Fz 33444/ (City/State and Zip Code)	und	. • 4
For further information concerning this matter, please call:	(3) (
(Name of Person) at (561) 789 - 5232 (Area Code & Daytime Telephone Number)	2) 2) 3)	
Enclosed is a check for \$35.00 made payable to the Florida Department of State.	भा भा भ	3 A. 1525
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301		

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Johane Kaplante	, hereby resign as SECRETARY (Fitle)
of SOLD ROCK BER	HAVIORAZ /TEAZIH & ASSOC, CORP.
17170000 4993 (Document Number, if known)	, a corporation organized under the laws of the State of
T-LORIDA	

FILING FEE IS \$35.00

ignature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314