P170006663

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

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TRANSMITTAL LETTER

Amendment Section Division of Corporations TO:

SUBJECT: James Club Recovery Foundation, Inc.	
(Name of DOCUMENT NUMBER: P17000006663	Corporation)
The enclosed Officer/Director Resignation for a Corp	poration and fee are submitted for filing
Please return all correspondence concerning this mat	ter to the following:
Tracey V Castillo	
(Name of Person)	
James Club Recovery	
(Name of Firm/Company)	
301 S 57 Way	
(Address)	
Hollywood, FL 33023	
(City/State and Zip Code)	
For further information concerning this matter, please	e call:
Ray R Rapaglia at (9 (A)	54 380-1492 rea Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

JOSHUA CRAVER	hereby resign as Secretary
	(Title)
of JAMES CLUB RECOVE	RY FOUNDATION, INC.
(Name of Corporation	1)
P17000006663 (Document Number, if known), a corpora	tion organized under the laws of the State of
Florida	
	3/1

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, Florida 32314 σ <u>න</u>