

P17000036669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JUL 12 2017

Olds Resignation

JUL 12 2017

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Total Rehab Executive Offices Corporation
(Name of Corporation)

DOCUMENT NUMBER: P17000036669

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

Please return all correspondence concerning this matter to the following:

Lisa Griffin

(Name of Person)

Total Rehab Executive Offices Corporation

(Name of Firm/Company)

4393 Pleasant Hill Road

(Address)

Kissimmee, FL 34746

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Griffin

(Name of Person)

at (407) 818-8387

(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, Lisa Griffin, hereby resign as President
(Title)

of Total Rehab Executive Offices Corporation
(Name of Corporation)

P17000036669, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Lisa Griffin
(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

17 JUL -7 PM 5:19
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA