

P93 D000010657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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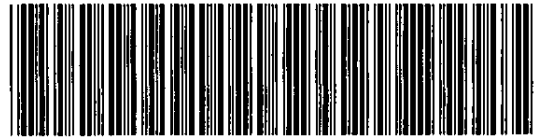
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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MAR 10 2017
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Histopath Lab, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P93000010657

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

Please return all correspondence concerning this matter to the following:

Keagan Lee

(Name of Person)

Histopath Lab, P.A.

(Name of Firm/Company)

1504 Ridgemont Dr

(Address)

Austin, TX 78726

(City/State and Zip Code)

For further information concerning this matter, please call:

Keagan Lee

(Name of Person)

at (**917**) **583-4895**

(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, Keagan Lee, hereby resign as President
(Title)

of Histopath Lab, P.A.,
(Name of Corporation)

P93000010657, 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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