

P93000034247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

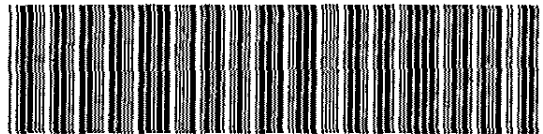
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CPR Works, Inc
(Name of Corporation)

DOCUMENT NUMBER: P93000034247

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary L. Macintosh
(Name of Person)

(Name of Firm/Company)

1720 SW 116 Ave
(Address)

Davie, FL 33325
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary L. Macintosh at (954) 448 6388
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Joanne M Macintosh, hereby resign as officer/director
(Title)

of CPR Works, Inc
(Name of Corporation)

P93000034247, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Joanne M Macintosh
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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