

P94000002144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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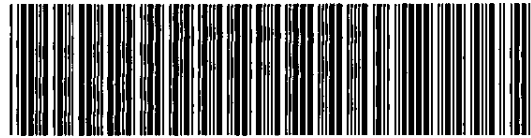
(Business Entity Name)

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Resign.

12-7-10

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LEONARD TACHMES, M.D., P.A.
(Name of Corporation)

DOCUMENT NUMBER: P94000002144

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

Please return all correspondence concerning this matter to the following:

LEONARD TACHMES

(Name of Person)

LEONARD TACHMES, M.D., P.A.

(Name of Firm/Company)

5660 COLLINS AVENUE, #11C

(Address)

MIAMI BEACH, FL. 33140

(City/State and Zip Code)

For further information concerning this matter, please call:

LEONARD TACHMES

(Name of Person)

at (305) 531-9800

(Area Code & Daytime Telephone Number)

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ALEXANDER TACHMES, hereby resign as DIRECTOR
(Title)

of LEONARD TACHMES, M.D., P.A.,
(Name of Corporation)

P94000002144, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

FILED
DEC - 1 PM 14 52
SECRETARY OF STATE
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