

P 97000076676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Buckeye Recovery of Florida, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P97000076676

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

Please return all correspondence concerning this matter to the following:

PHILLIP W. SNYDER

(Name of Person)

Buckeye Recovery of Florida, Inc.

(Name of Firm/Company)

PO BOX 13432

(Address)

TAMPA, FL 33681-3432

(City/State and Zip Code)

For further information concerning this matter, please call:

PHILLIP W. SNYDER

(Name of Person)

at ( 813 ) 267-0602

(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, ROLINDA M. SNYDER, hereby resign as Vice President/Director  
(Title)

of Buckeye Recovery of Florida, Inc.  
(Name of Corporation)

P97000076676, 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**

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

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

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