

P98.000054539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900060170179

10/15/05--01062--023 **35.00

FILED
2005 OCT -6 AM 11:24
TALLAHASSEE FLORIDA

10/14/05

FILED

COVER LETTER

2005 OCT -6 AM 11:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

TO: Amendment Section
Division of Corporations

SUBJECT: South Florida Blood Banks, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P98000054539

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

Please return all correspondence concerning this matter to the following:

John Flynn

(Name of Person)

South Florida Blood Banks, Inc.

(Name of Firm/Company)

P. O. Box 32833

(Address)

Palm Beach Gardens, FL 33420

(City/State and Zip Code)

For further information concerning this matter, please call:

None

(Name of Person)

at ()

(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**

FILED

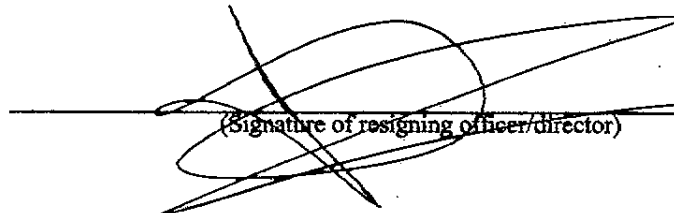
2005 OCT -6 AM 11:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, John Flynn, hereby resign as President
(Title)

of South Florida Blood Banks, Inc.
(Name of Corporation)

P98000054539, 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