

P05000142993

(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



300135848803

10/21/08--01016--003 \*\*35.00

*Op / Lin*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 OCT 20 PM 3:13

T. Roberts OCT 21 2008

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GOLDEN HOME HEALTH CARE, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** PD5000142893

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

Please return all correspondence concerning this matter to the following:

Aissel Faguin  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

3845 SW 154th.  
(Address)

MIAMI, FL 33185  
(City/State and Zip Code)

For further information concerning this matter, please call:

Aissel Faguin at ( 305 ) 388-8166  
(Name of Person) (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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 OCT 20 PM 3:14

I, AISSSEL FAQUIR, hereby resign as DIRECTOR  
(Title)

of GOLDEN HOME HEALTH CARE , INC .  
(Name of Corporation)

P05000142993, 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