P08000018369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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AUG 17 2015

T CANNON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WHISPERING PINES HOME CARE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P08000018369

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

Please return all correspondence concerning this matter to the following:

THAMARA PEREZ
(Name of Person)

TABADESA ASSOCIATES
(Name of Firm/Company)

419 W 49 ST, STE 111
(Address)

HIALEAH, FL 33012
(City/State and Zip Code)

For further information concerning this matter, please call:

THAMARA PEREZ at (305) 558-0622
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
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TALLAHASSEE, FLORIDA
15 AUG 12 AM 11:33

I, ANTONIO PRIETO, hereby resign as PRESIDENT
(Title)

of WHISPERING PINES HOME CARE, INC.,
(Name of Corporation)

P08000018369, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Antonio Prieto
(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