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(Ad	Idress)	
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T. BROWN

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: LIFETIME HOME HEALTH CARE, CORP (Name of Corporation)
DOCUMENT NUMBER: P 080000 41/0.3
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
NELLY TAMAYO (Name of Person)  LIFETIME HOME HEALTH CARE, CORP (Name of Firm/Company)  9745 SW 72 St #102 (Address)
MIAMI F/ 33/73 (City/State and Zip Code)
For further information concerning this matter, please call:
ALBERTO Ley at (305) 989-2400 (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
Post Office Box 6327

Tallahassee, FL 32314

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SECRETARY OF PHIRE! I, NELLY TAHAYO \_, hereby resign as\_ \_\_\_\_, a corporation organized under the laws of the State of

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