

P120000 81478

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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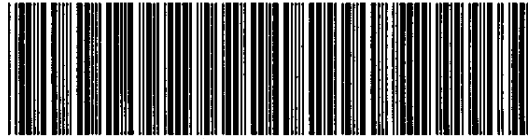
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(Business Entity Name)

\_\_\_\_\_  
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SECRET  
DIVISION OF REVENUE  
15 MAY 12 PM 3:56

C.L.  
5-18-15

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TWO SISTERS HOME CARE III  
(Name of Corporation)

DOCUMENT NUMBER: P 12 000081478

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

Please return all correspondence concerning this matter to the following:

Angel Valdes  
(Name of Person)

Two Sisters Home Care III  
(Name of Firm/Company)

9143 NW 117 St  
(Address)

Hialeah Gardens FL 33015  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marlene Valdes at ( 786 ) 897-0734  
(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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 MAY 12 PM 3:56

I, Angel Valdes, hereby resign as Vice President  
(Title)

of Two Sisters Home Care III Corp.  
(Name of Corporation)

P 12 0000 81478, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Angel Valdes

(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