P12000100183

(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:

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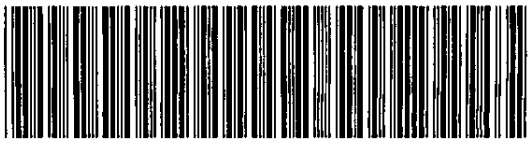

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15 MAY 12 PM 3:43

Cole 5-18-15

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Two Sisters HomeCare II
(Name of Corporation)

DOCUMENT NUMBER: P12000100183

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 II
(Name of Firm/Company)

12335 NW 98Ave
(Address)

Hialeah Gardens FL 33018
(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

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY 12 PM 3:43

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

of Two Sisters Home Care II
(Name of Corporation),

P12000100183, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

AValdes
(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