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00 SEP 25 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LESEANDE HOME CARE INC.  
2308 S.W. 10TH ST.  
MIAMI, FL 33135

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

500003402405--4  
-09/25/00--01062--011  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

- 1. \_\_\_\_\_  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in
- Mail out
- Pick up time
- Will wait
- Certified Copy
- Photocopy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

*Off Res  
10-3-00  
PMS*

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION**

I, Norma Ybarra, hereby resign as Officer & Director  
(Title)

of Gables<sup>E</sup> States A L S Inc.  
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

*Norma Ybarra*  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**