

N97000005853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

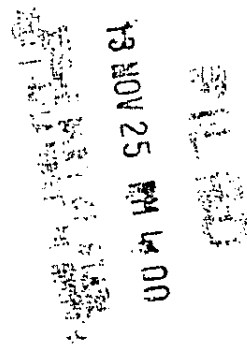
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11/25/13--01014--001 **35.00



old
Resign
12-3-13
DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Life Care St. Johns, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N97000005853

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

Please return all correspondence concerning this matter to the following:

Bruce Jones
(Name of Person)

LCSJ, Inc.
(Name of Firm/Company)

1000 Vicar's Landing Way
(Address)

Ponte Vedra Beach, FL 32082
(City/State and Zip Code)

For further information concerning this matter, please call:

Ellen McKenney at (904) 273-1702
(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

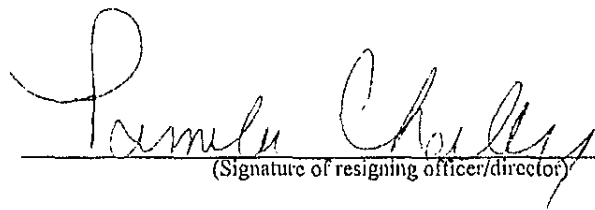
Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Pamela Chally, hereby resign as Director
(Title)

of Life Care St. Johns, Inc.
(Name of Corporation)

N97000005853, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

FILING FEE IS \$35.00

19 NOV 25 PM 4:00
511 850

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314