

PO3000009471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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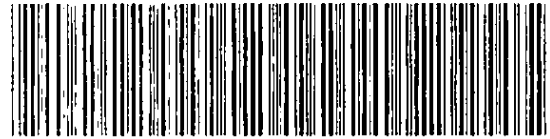
(Business Entity Name)

(Document Number)

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600388439046

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2023 JAN 25 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FL

600388439046  
01/26/23--01002--020 \*\*35.00

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2023 JAN 25 PM 4:32

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RICOTAX & CARE SERVICES, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000009471  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

NIKELA DILL

\_\_\_\_\_  
(Name of Person)

RICOTAX & CARE SERVICES, INC.

\_\_\_\_\_  
(Name of Firm/Company)

20 E WASHINGTON STREET

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

QUINCY, FLORIDA 32351

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

NIKELA DILL

\_\_\_\_\_  
(Name of Person)

at ( 850 ) 339-3483  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

2023 JAN 25 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FL

I, NIKELA DILL, hereby resign as COO  
(Title)

of RICOTAX & CARE SERVICES, INC.  
(Name of Corporation)

P03000009471, 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**

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

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