

F93000002513

(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:

Office Use Only



400054912344

05/25/05--01022--005 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 MAY 25 AM 11:20

O/D Meag.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LIBERTY ASSISTED LIVING CENTERS OF FLORIDA INC.
(Name of Corporation)

DOCUMENT NUMBER: F93000002513

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

Please return all correspondence concerning this matter to the following:

ALAN D. PARRISH
(Name of Person)

LIBERTY ASSISTED LIVING CENTERS OF FLORIDA, INC.
(Name of Firm/Company)

3073 HORSESHOE DR. SO., STE.
(Address)

NAPLES, FL 34104
(City/State and Zip Code)

For further information concerning this matter, please call:

Cameron Larson - at (239) 262-8006
(Name of Person) (Area Code & Daytime Telephone Number)
ASSISTANT TO ALAN D. PARRISH

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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 MAY 25 AM 11:20

I, ALAN D. PARRISH, hereby resign as COP
(Title)

of LIBERTY ASSISTED LIVING CENTERS OF FLORIDA, INC.
(Name of Corporation)

F93000002513, a corporation organized under the laws of the State of
(Document Number, if known)

GEORGIA


(Signature of resigning officer/director)
ALAN D. PARRISH

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