H75786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

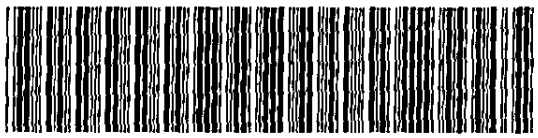
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

CD/Res/CC

To,



400047113354

02/28/05 --01015 --011 **43.75

FILED
05 FEB 28 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

FILED
05 FEB 28 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations

SUBJECT: SARA HOME CARE, INC
(Name of Corporation)

DOCUMENT NUMBER: H75786

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

Please return all correspondence concerning this matter to the following:

JULIO C. MOLINA
(Name of Person)

J. C. MOLINA, P. A.
(Name of Firm/Company)

8260 W. FLAGLER STREET STE 2-C
(Address)

MIAMI, FLORIDA. 33144
(City/State and Zip Code)

For further information concerning this matter, please call:

JULIO C. MOLINA at (305) 559-9070
(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
409 E. Gaines Street
Tallahassee, FL 32399

FILED
05 FEB 28 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JULIO C. MOLINA, hereby resign as PRESIDENT/DIRECTOR
(Title)

of SARA HOME CARE, INC.,
(Name of Corporation)

H75786, 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