

M40098

Requester's Name

Address

CARE ONE LEARNING CENTER, INC  
3001 N. BROWARD BLVD.  
FORT LAUDERDALE, FL 33312

700004666167--7  
-11/05/01--01057--019  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

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

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

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

**NEW FILINGS**

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

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

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

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

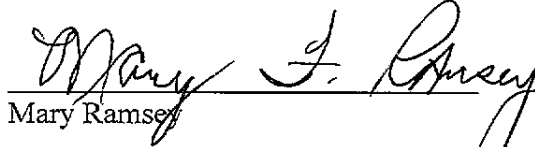
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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

T. LEWIS NOV 8 2001

Examiner's Initials

## OFFICER/DIRECTOR RESIGNATION

I, Mary Ramsey, hereby resign as President, Vice President, Treasurer and Director of Care One Learning Center, Inc., a corporation organized under the laws of the State of Florida and affirm that the corporation has been notified in writing of the resignation. This resignation shall be effective as of November 1, 2001.

  
Mary Ramsey



Fernando Robles  
MY COMMISSION # CC753683 EXPIRES  
October 24, 2002  
BONDED THRU TROY FAIR INSURANCE, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee is \$35.00**

**Make check payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314**