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off. Resign

TB 1-26-11

COVER LETTER*

-TO: Amendment Section Division of Corporations
SUBJECT: Children's Care Outreart Ine (Name of Corporation)
DOCUMENT NUMBER: WOO 00005573
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
Children's Care Outreach Ixe (Name of Firm/Company)
POBON 2258 (Address)
Bartour # 33831 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Porson) at (863) 678-1231 rc (863) 528- (Area Code & Daytime Telephone Number) 7916
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION I, Alager, hereby resign as Alaseus (Title) of Children's Care Detreach, And, (Name of Corporation) NOOCOO O D 55 73, a corporation organized under the laws of the State of Thursday.

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