

N04000000512Y

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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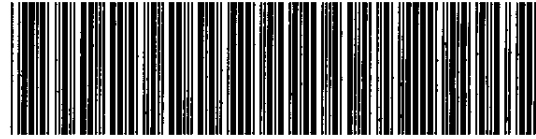
(Business Entity Name)

(Document Number)

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FILED
07 JUL -5 PM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA KEYS ASSISTED CARE COALITION, INC.
(Name of Corporation)

DOCUMENT NUMBER: N04000005124

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

Please return all correspondence concerning this matter to the following:

BEN MCPHERSON

(Name of Person)

FLORIDA KEYS ASSISTED CARE COALITION, NC

(Name of Firm/Company)

201 FRONT STREET SUITE 107

(Address)

KEY WEST, FL 33040

(City/State and Zip Code)

For further information concerning this matter, please call:

BEN MCPHERSON

(Name of Person)

at (305) 292-8912

(Area Code & Daytime Telephone Number)

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

FILED**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION****07 JUL -5 PM 8:32**SECRETARY OF STATE
TALLAHASSEE, FLORIDAI, LUCIE ADAMS, hereby resign as SECRETARY
(Title)of FLORIDA KEYS ASSISTED CARE COALITION, INC.
(Name of Corporation)N04000005124, 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