

N05 000006619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: South FLA Family Services, Inc
(Name of Corporation)

DOCUMENT NUMBER: 10500000 6619

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

Please return all correspondence concerning this matter to the following:

Isabel M. Moran
(Name of Person)

South FLA Family Services, Inc
(Name of Firm/Company)

8638 HARDING AVE #420
(Address)

MIAMI BEACH FL 33141
(City/State and Zip Code)

For further information concerning this matter, please call:

Isabel Moran at (786) 3554808
(Name of Person) (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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

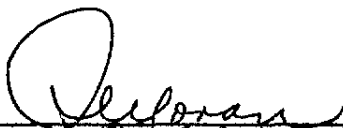
FILED
06 MAR 17 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Label M. Moran, hereby resign as treasurer
(Title)

of South Florida Family Services, Inc.
(Name of Corporation)

NO5000006619, 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