## N11000003245

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Office Use Only



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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Educare Service Foundation, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: N11000003245
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Marlene Hudson
	(Name of Person)
	Last Resort Clinic
	(Name of Firm/Company)
	12945 Seminole Blvd Building 1 Suite 7
	(Address)
	Largo, Florida 33778
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
	Marlene Hudson at ( 727 ) 797-1787  (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Clifton 2661 I	Mailing Address:  dment Section on of Corporations n Building Executive Center Circle assee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OD0E044/00/05)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

\_\_ 20H-AUG -5 PM 12: 00

SECRETARY OF STATE -TALLAHASSEE, FLORIDA

Marlene Hudson	hereby resign as	Director
		(Title)
Educare Serv	vice Foundation, Inc.	
(Nan	ne of Corporation)	
N11000003245	, a corporation organized under	the laws of the State of
(Document Number, if known)		
Florida		
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	<u> </u>	
	Marlens Herlson	
	(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

It is important that my business address also be removed from Educare Service Foundation, Inc., which is 12945 Seminole Blvd. Building One Suite 7 Largo, Florida 33778. This address has no affiliation with this Corporation. This is the address of my place of business, Last Resort Clinic.

Thank you for assistance.

Regards,

Marlene Hudson