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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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AUG 26 2013
T. LEMIEUX

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KW Caring Partners, Inc
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Sophia Stultz
(Name of Person)

KW Caring Partners, Inc
(Name of Firm/Company)

1801 N Pine Island Rd, Ste 210
(Address)

Plantation, FL 33322
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony Cordileone at (954) 343-44144
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Sophia Stultz, hereby resign as Treasurer
(Title)

of KW Caring Partners, Inc
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)

_____.

Sophia Stultz
(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

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