

N140000032410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

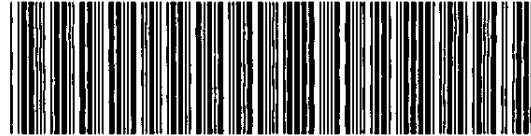
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

ADD

JUL 07 2015

R. WHITE

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** South Florida Adult Day Services Association, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** N14000003240

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

Please return all correspondence concerning this matter to the following:

**Yaribey Pabon**

(Name of Person)

**South Florida Adult Day Services Association, Inc**

(Name of Firm/Company)

**9644 SW 72 ST**

(Address)

**Miami, FL 33173**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Yaribey Pabon**

(Name of Person)

at ( **305** ) **595-5250**

(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

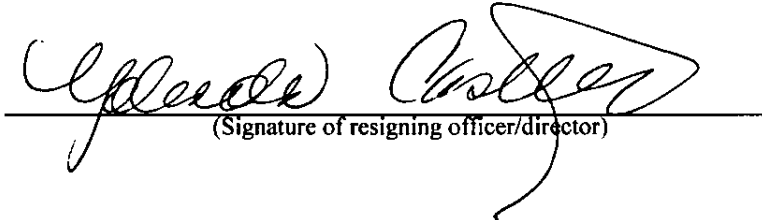
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Yolanda Castillo, hereby resign as Vice President  
(Title)

of South Florida Adult Day Services Association, Inc,  
(Name of Corporation)

N14000003240, 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

TALLAHASSEE, FLORIDA

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FBI