

N160000004082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

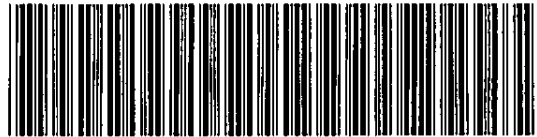
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SAINT RAPHAEL FOUNDATION OF AMERICA INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N16000004082  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

**MICHAEL J. FOOTE**  
\_\_\_\_\_  
(Name of Person)

SAINT RAPHAEL FOUNDATION OF AMERICA INC.  
\_\_\_\_\_  
(Name of Firm/Company)

**9438 NW 49TH PLACE**  
\_\_\_\_\_  
(Address)

**SUNRISE FL 33351**  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**MICHAEL FOOTE** at ( **954** ) **529-4177**  
\_\_\_\_\_  
(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

16 SEP - 1 11 09:58  
SAINT RAPHAEL FOUNDATION OF AMERICA INC.  
N16000004082

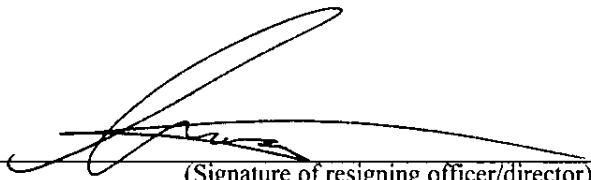
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MICHAEL J. FOOTE, hereby resign as PRESIDENT  
(Title)

of SAINT RAPHAEL FOUNDATION OF AMERICA INC.,  
(Name of Corporation)

N16000004082, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

  
(Signature of resigning officer/director)

16 SEP -1 11 9:56  
FILED  
CLERK  
TALLAHASSEE, FLORIDA

**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