

N41822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 MAY 27 PM 3:19

JUN 03 2015

T CANNON

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Elder Care of Alachua County, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N41822

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

Please return all correspondence concerning this matter to the following:

**Kevin Coleman**

(Name of Person)

**UF Health Shands Legal Services**

(Name of Firm/Company)

**P. O. Box 100303**

(Address)

**Gainesville, FL 32610**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Anthony Clarizio**

(Name of Person)

at ( **352** ) **265-9243**

(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**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY 27 PM 3:19

I, Monica J. Brasington, hereby resign as Director  
(Title)

of Elder Care of Alachua County, Inc.  
(Name of Corporation)

N41822, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

*Monica J. Brasington* <sup>effective</sup> 5/15/15  
(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