

N99000002082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

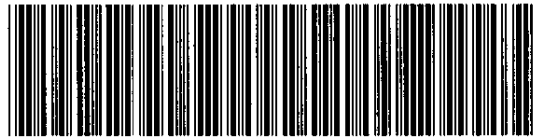
(Business Entity Name)

(Document Number)

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200157820462

*Resignation
to officer*

07/06/09--01003--017 **35.00

2009 JUL -6 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*ASR
7/9/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASSISTED LIVING OF FLORIDA LIMITED, INC.
(Name of Corporation)

DOCUMENT NUMBER: N99000002082

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

Please return all correspondence concerning this matter to the following:

SEMIRA HOFFMAN

(Name of Person)

ASSISTED LIVING OF FLORIDA LIMITED, INC.

(Name of Firm/Company)

11840 - 108 CT NORTH

(Address)

SEMINOLE FL 33778 US

(City/State and Zip Code)

For further information concerning this matter, please call:

SEMIRA HOFFMAN

(Name of Person)

at (727) 504-1290

(Area Code & Daytime Telephone Number)

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

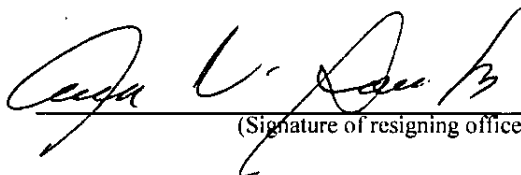
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
2009 JUL -6 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ANA C. SANTOS, hereby resign as DIRECTOR
(Title)
of ASSISTED LIVING OF FLORIDA LIMITED, INC
(Name of Corporation)

N99000002082, 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