

P000000006836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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7/31/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sunny Ville Health + Rehabilitation Center Corp.
(Name of Corporation)

DOCUMENT NUMBER: P000 000 0 6836

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

Please return all correspondence concerning this matter to the following:

Thomas Krahm
(Name of Person)

(Name of Firm/Company)

14819 SW 140 Place
(Address)

miami, FL 33186
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Krahin at (305) 519-4488
(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:

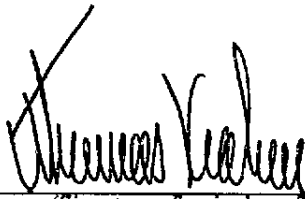
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Thomas Krahm, hereby resign as Director
(Title)
of Sunny Ville Health + Rehabilitation Center, Corp.
(Name of Corporation)
P00000006836, 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

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