

P000000016642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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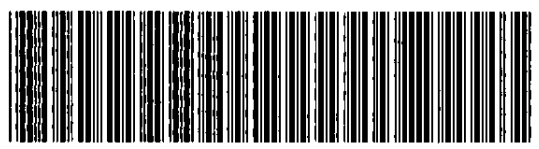
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SOUTH DADE ELDERLY CARE CORPORATION  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P00000016642  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

LAZARO MARTINEZ  
\_\_\_\_\_  
(Name of Person)

SOUTH DADE ELDERLY CARE CORPORATION  
\_\_\_\_\_  
(Name of Firm/Company)

9073 S.W. 6 ST  
\_\_\_\_\_  
(Address)

MIAMI, FL 33174  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

LAZARO MARTINEZ at ( 786 ) 3551058  
\_\_\_\_\_  
(Name of Person) (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**

I, LAZARO MARTINEZ, hereby resign as PRESIDENT  
(Title)

of SOUTH FLORIDA ELDERLY CARE CORPORATION  
(Name of Corporation)

P00000016642, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

*Lazar Martinez*  
(Signature of resigning officer/director)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 MAY 28 AM 11:04

**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