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Requester's Name

Kora Lewicki
5363 NW 60th Way
Orlando, FL 32837

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-11/07/01--01081--007
*****35.00 *****35.00

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
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(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☒ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

11-13



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF Florida
COUNTY OF BROWARD

I, Marion Kozakiewicz after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

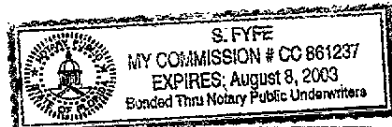
I, Marion Kozakiewicz hereby resign as Sec Treasurer of
(Title)
Senior Living Options of Florida, Inc., a Florida corporation;
(Name of Corporation)

That the corporation has been notified in writing of the resignation.

[Signature]
Signature of resigning officer/director

Sworn to and subscribed before me this 24th day of October 2001.

My Commission Expires: _____



[Signature]
NOTARY PUBLIC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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