P01000072232

| (Requestor's Name) | |
|---|---|
| (Address) | |
| | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Basiless Elitty Halle) | |
| (Document Number) | |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |
| | |
| | |

Office Use Only



900202969939

04/21/11--01007--013 **35.00

SECRETARY OF STATE

C.COULLIETTE

APR 2 2 2011

EXAMINER

COVER LETTER

| TO: | Amendment Section Division of Corporations |
|------------------------------------|---|
| SUBJ | JECT: RESIGNATION OF OFFICER |
| СОВ | (Name of Corporation) |
| DOC | UMENT NUMBER: P01000072232 |
| The e | nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please | e return all correspondence concerning this matter to the following: |
| SHE | ERWIN SMITH |
| | (Name of Person) |
| GOL | DEN HAND HOME CARE SERVICES INC |
| | (Name of Firm/Company) |
| 3119 | 9 PHOENIX AVE |
| | (Address) |
| OLD | SMAR FL 34677 |
| | (City/State and Zip Code) |
| For fu | orther information concerning this matter, please call: |
| SHE | RWIN SMITH at (727) 410-8131 (Name of Person) (Area Code & Daytime Telephone Number) |
| | (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclo | sed is a check for \$35.00 made payable to the Florida Department of State. |
| Amen Divisi Clifto 2661 I | Mailing Address: dment Section on of Corporations n Building Executive Center Circle assee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| _{I.} SHERWIN SMITH | , hereby resign as VICE PRESID | ENT |
|-----------------------------|--|------------|
| | (1 | ritle) |
| of GOLDEN HAND HOM | E CARE SERVICES INC | |
| | (Name of Corporation) | |
| P01000072232 | , a corporation organized under the laws of th | e State of |
| (Document Number, if know | vn) | |
| 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