

PD20000018162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

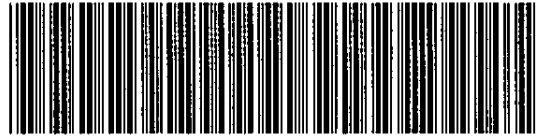
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DIVISION OF CORPORATIONS  
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@ 4/16/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sunny Days Community Mental Health Center, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000018162

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

Robert GarciaEsquerro

(Name of Person)

Sunny Days Community Mental Health Center, Inc.

(Name of Firm/Company)

1440 79th Street Causeway, Suite 130

(Address)

North Bay Village, Florida 33141

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert GarciaEsquerro

(Name of Person)

at ( 305 ) 981-2200

(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

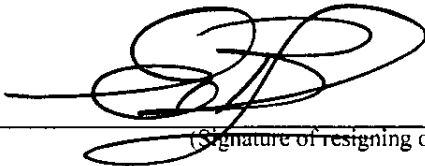
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Eloryis Romanach, hereby resign as President  
(Title)

of Sunny Days Community Mental Health Center, Inc.  
(Name of Corporation)

P02000018162, 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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 APR -2 AM 8:27**