(Requestor's Name)	
(Address)	600242309916
(Address)	000242309910
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	12/04/1201016014 **35.00
ertified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

ompahr SUBJECT: (Name of Corporation) >0 Q<u>U</u> )00289 **DOCUMENT NUMBER:** 

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

Please return all correspondence concerning this matter to the following:

-eynes ephanie Name of Person

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(Name of Firm/Company) Allantic Blvd. #237 101 (Address) Beach 32233 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (<u>904</u>) <u>813-0160</u> (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

EUNES , hereby resign as 1. Stephanie (Title) - Company Inc. (Name of Corporation) of a corporation organized under the laws of the State of (Document Number, if known) LORIDA HE DEC -PH 版:  $\bigcirc$ 5

(Signature of resigning office (/Hirector)

## 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