

PDZD000072140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

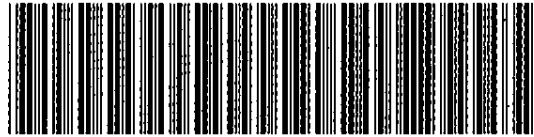
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 20 PM 1:04

DD/RES
@ 3/24/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARI HOME CARE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000072140

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

Please return all correspondence concerning this matter to the following:

VALERY GORETT CABRERA
(Name of Person)

CARI HOME CARE, INC.
(Name of Firm/Company)

38 NW 5 STREET
(Address)

HOMESTEAD, FL 33030
(City/State and Zip Code)

For further information concerning this matter, please call:

VALERY GORETT CABRERA at (786) 243-3022
(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, Elio Cabreva, hereby resign as Secretary
(Title)

of Cari Home Care, Inc.
(Name of Corporation)

PO2000072140, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Elio Cabreva
(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

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