

P02000078672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800021478198

07/18/03--01042--011 **35.00

DEPT. OF STATE
TALLAHASSEE, FLORIDA

03 JUL 18 AM 9:48

FILED

147/buc 12819
MAD 7/23

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Total Care Benefits Center Inc.
(Name of Corporation)

DOCUMENT NUMBER: P020000078672

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

Please return all correspondence concerning this matter to the following:

Jonathan Pineda
(Name of Person)

(Name of Firm/Company)

PO Box 267785
(Address)

Weston FL 33326
(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan Pineda at (561) 541-1566
(Name of Person) (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**

I, Jonathan A. Pineda, hereby resign as Treasurer
(Title)

of Total Care Benefits Center, Inc.
(Name of Corporation)

PW0000078672, 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

03 JUL 18 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314