## P02000103273

/Pagu	estor's Name)	
(१८६५०	estoi s Name)	
/A-1-1		
(Addre	ess)	
(Addre	9 <b>5</b> S)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ess Entity Nar	me)
(Docu	ment Number)	· <del></del>
Certified Copies	Certificates	s of Status
Special Instructions to Fili	na Officer	
Openial metidologies to 1 m	ing Officer.	
		i
		l
		ĺ





500029224045

02/26/04--01039--012 \*\*35.00

O4 FEB 26 PM 1: 25
SECRETARY OF STATE

C. Coullette MAR 0 3 2004

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Canfinoers of South Florida Inc
DOCUMENT NUMBER:         VÓ2000103273
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Holly E. Was HT  (Name of Person)
CAREFINGERS of South Florida Inc. (Name of Figh/Company)
G299 W Surveye Blud ZIE (Address)
Sunse G 33313 (City/State and Zip Code)
For further information concerning this matter, please call:
Holly E. Whight at (954) 270-3987 (Name of Person) at (Area Code & Daytime Telephone Number)

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Holly E. WhiGHT, hereby resign as President (Title)		
of	Carefivoens of Soth Florida I	Пe,	, ,
	P02010103273, a corporation organized under the laws of the State of (Document Number, if known)		
	O-lonida.		
	SECRE TA TALLAHAS	04 FEB 26	<b>-</b>
	Construe of regioning diseased in the	יו ס	
		2	

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