

PO2000118448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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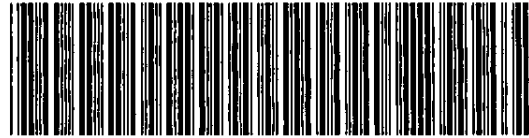
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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11:11:11

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TAX CARE, INC

(Name of Corporation)

DOCUMENT NUMBER: P02000118448

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

Please return all correspondence concerning this matter to the following:

DANIEL ALVAREZ

(Name of Person)

TAX CARE, INC

(Name of Firm/Company)

417 CENTER POINTE CIR. SUITE 1737

(Address)

ALTAMONTE SPRINGS, FL 32701

(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL ALVAREZ

(Name of Person)

at (**407**) **774-0861**

(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

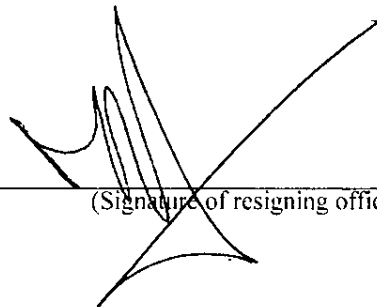
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MOISES ALVAREZ, hereby resign as P, S, D
(Title)

of TAX CARE, INC
(Name of Corporation)

P02000118448, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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