P03000094791

(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

600388439046

FILED
2023 JAN 25 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FL

600388439046
01/26/23--01002--020 **35.00

FILED
2023 JAN 25 PM 4:32

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RICOTAX & CARE SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000009471

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

Please return all correspondence concerning this matter to the following:

NIKELA DILL
(Name of Person)

RICOTAX & CARE SERVICES, INC.
(Name of Firm/Company)

20 E WASHINGTON STREET
(Address)

QUINCY, FLORIDA 32351
(City/State and Zip Code)

For further information concerning this matter, please call:

NIKELA DILL at (850) 339-3483
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2023 JAN 25 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FL

I, NIKELA DILL, hereby resign as COO (Title)

of RICOTAX & CARE SERVICES, INC. (Name of Corporation).

P03000009471 (Document Number, if known), a corporation organized under the laws of the State of FLORIDA.

(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