P03000029697

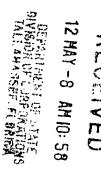
, (Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
· · · · · · · · · · · · · · · · · · ·
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200234754762

05/08/12--01010--014 **35.00





LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

	· 		
	Off	fice Use Only	
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if kno	own):	
	<i>;</i>		
. (Corporation Name)	(Document #)		
1 2 3			
	£ Inc	• 	
(Corporation Name)	(Document #)	,	
Corporation Name)	(Document #)		
4. (Corporation Name)	(Document #)		
(curporation syame)	(Dodanas II)	-	
Walk in Pick up time	2.00	Certified Copy	
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>		
Profit	Amendment		
Not for Profit	Resignation of R.A., Officer/Director		
Limited Liability Domestication		☐ Change of Registered Agent☐ Dissolution/Withdrawal	
Other	☐ Merger		
OTHER FILINGS	REGISTRATION/QUA	ATTRICATION	
<u>OTHER FILINGS</u>		ADITICATION .	
Annual Report	Foreign		
Fictitious Name	Limited Partnership Reinstatement)	
	Trademark	• ,	
	Other		
	•	YE	
CR2E031(7/97)	•	Examiner's Initials	



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 8, 2012

LAZARUS WALK-IN TALLAHASSEE, FL

SUBJECT: LOVING CARE, INC. Ref. Number: P03000029697

We have received your document for LOVING CARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records reflect the secretary name and BEATRICE BLANC. Please correct your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts Regulatory Specialist II

Letter Number: 312A00013752

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

hereby resign as SECRETARY	
(Title)	
ration)	
poration organized under the laws of the State of	

(Signature of esigning 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 12 MAY -8 AM 9: 12

SECRETARYSOF: STATE DIVISION OF CORPORATIONS