

PO3000053857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

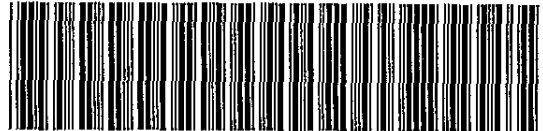
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800025119238

12/08/03--01052--008 **35.00

FILED

03 DEC -8 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

old
res.
12/15/03
SP

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ELDER CARE OF CITRUS COUNTY INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000053857

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

Please return all correspondence concerning this matter to the following:

BARBARA PROZER
(Name of Person)

ELDER CARE OF CITRUS COUNTY INC.
(Name of Firm/Company)

2780 N. FLORIDA AVE UNIT #2
(Address)

HERNANDO, FLORIDA 34442
(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA PROZER at (352) 341-3900
(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, LISELOTTE BADED, hereby resign as PRESIDENT
(Title)

of ELDER CARE OF CITRUS COUNTY, INC.
(Name of Corporation)

P03000053857, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Liselotte Bader 11/30/2003
(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

FILED
03 DEC -8 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA