

PD3000115540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

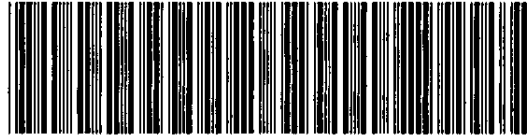
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DIVISION OF CORPORATIONS
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FEB 23 2016
C LEWIS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Comfort Care Class A A.R. Inc
(Name of Corporation)

DOCUMENT NUMBER: 703000115540

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 B Hinkley Sr.
(Name of Person)

Comfort Care Class A A.R. Inc.
(Name of Firm/Company)

501 N. Florida Ave
(Address)

Lakeland, FL 33801
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Hinkley Sr. at (863) 603-7799
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

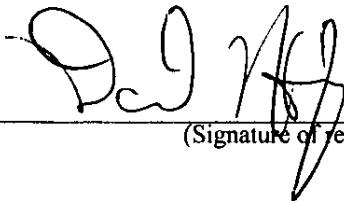
16 FEB 22 AM 9:18

I, Daniel B Hinkley Jr, hereby resign as Secretary
(Title)

of CONFORT CARE CLASS A INC
(Name of Corporation)

P03000115540, a corporation organized under the laws of the State of
(Document Number, if known)

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