

P03000122824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

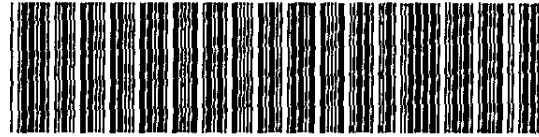
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

DD/Res
(1a) 9.23.05



100059547621

09/16/05--01021--020 **35.00

FILED
05 SEP 16 AM 10:00
SECOND JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sunlight Home Care Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO 3000122824

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

Please return all correspondence concerning this matter to the following:

Martha De Cardenas
(Name of Person)

Sunlight Home Care
(Name of Firm/Company)

400 SW 107 AVE #404
(Address)

Miami, FL 33174
(City/State and Zip Code)

For further information concerning this matter, please call:

Karla Rodriguez at (305) 270-0606
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Odalyz Garcia, hereby resign as Vice President
(Title)

of Sunlight Home Care, Inc.
(Name of Corporation)

P03000122824, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Odalyz Garcia
(Signature of resigning officer/director)

FILED
05 SEP 16 AM 10:00
TALLAHASSEE, FLORIDA
CLERK OF STATE

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