P04000024194

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



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M/RW Psign

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Partners in Indepe	endence
•	(Name of Corporation)
DOCUMENT NUMBER: Po	4000024194
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing
Please return all correspondence c	concerning this matter to the following:
C. Ray Hord	
(Name of Pe	rson)
but Constitution	
Comfort Keepers 16	
(Name of Firm/C	Company)
605 Belvedere Rd. Suite 19	· · · · · · · · · · · · · · · · · · ·
(Address	(3)
West Palm Beach, FL. 33405	5
(City/State and Z	Zip Code)
For further information concerning	g this matter, please call:
C. Ray Hord	at (561) 833-7355 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de payable to the Florida Department of State.
ą:	
Street Address: Amendment Section	Mailing Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
Division of Corporations Clifton Building 2661 Executive Center Circle	Post Office Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



_T Susan Hord	, hereby resign as	_{on as} Secretary / Dir.	
*,	, norcey resign as_	(Title)	
of_ Partners In Independence(Name of	f Corporation)		
P04000024194 (Document Number, if known)	, a corporation organized ur	nder the laws of the State of	
Florida			
\wedge	17 .		

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314