## P04000032259

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	<del>= #)</del>
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Elite Pulsonary CARE Specialist, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>P04000032259</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
STEVEN C. TIECHE (Name of Person)
Clite Pulsonary CARE Specialist, INC. (Name of Firm/Company)
3900 SE 45 OT Suite 2 Ocale, Fl. 34480 (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
STEVEN C. TIECHE at (239) 872-3693 (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

TO: Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, CAVIÈE ROBRIGUEZ, hereby resign as VICE- PRESIDENT	!
of Elite Pulyowany CARE Specialist, INC. (Name of Corporation)	
Po400032259 a corporation organized under the laws of the State of (Document Number, if known)	ฑ
_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