## 40400092547

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
, (Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	nly
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SECRETARY OF STATE

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Su	nny Days o	f Broward CM	1CH, Ir	nc.	
			•	of Corpora	tion)
DOCUMENT N	UMBER:_	P04000092	54 <i>1</i> ————		
The enclosed Off	ñcer/Directo	r Resignation 1	for a Co	rporation	and fee are submitted for filing
Please return all	corresponder	nce concerning	g this m	atter to the	e following:
Robert Gracia	Esquerro				
	(Name	of Person)	·		
Sunny Days o	f Broward C	CMCH, Inc.			
	(Name of F	irm/Company)			
6011 Rodman	Street, Sui	te 104			
	(Ac	ldress)	<del>'</del>		
Hollywood, Flo	orida 33024	ļ			
	(City/State	and Zip Code)		<del></del>	
For further infor	mation conc	erning this mat	tter, ple	ase call:	
Same As Abov	<i>i</i> e		at (	305	904-6783 & Daytime Telephone Number)
(	Name of Pers	on)	(	Area Code	& Daytime Telephone Number)
Enclosed is a ch	eck for \$35.0	00 made payab	le to the	e Florida I	Department of State.
Street Address: Amendment Sec Division of Corp Clifton Building 2661 Executive (	orations Center Circle	Amen	ion of C Office E	ress: Section Corporation Box 6327 FL 32314	

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,Ha <b>∉</b> old Mathis	, hereby resign as Vice President				
	(Title)				
of Sunny Days of Broward CMC (Name	H, Inc.				
P0400092547 (Document Number, if known)	, a corporation organized under the laws of the State of				
Florida	·				
	SECRETARY OF STATE Signature of resigning officer/director)	ם ח			

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