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SECRETARY OF STATE
MANASSEE, FLORIDA

off Resign

C. Coulilette OCT 1 7 2005

Alter CRS By Letter ID 10/17/05 09:54 Mail Letter to: EXPRESS CORPORATE FILING SERVICE INC. Pull Forward(Y/N):N Name/Addr only(Y/N): TALLAHASSEE St:FL Zip: From: Cntry: Delivery:MAIL Acct Num: Acct Charged: 0.00 Fax: Charter Number: P96000058190 Fax Audit/Tracking Number: 400008157344 Status: Letter Date:10/02/02 File Date:07/11/1996 Effective Date: / / User Dates: / / / / Ra Resign: 12/04/1996 Corporate Name: DIVERSIFIED COATINGS & WATERPROOFING, INC. St/Cntry:FL Country: AR Date:05/14/2002 AR Year:2002 Last Transaction Date:10/23/1996 Amendment File Date: / / Amend Eff Date: / / Old Name: File Amt: 0.00 Amt Avl: 0.00 Dep Tot: 70.00 Letter Text:00678 02544 00671 1 FEES: Immediate Print:N

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FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 2, 2002

EXPRESS CORPORATE FILING SERVICE INC.

TALLAHASSEE, FL

SUBJECT: DIVERSIFIED COATINGS & WATERPROOFING, INC.

Ref. Number: P96000058190

We have received your document for DIVERSIFIED COATINGS & WATERPROOFING, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Cheryl Coulliette Document Specialist

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* If adopted by director director must sign.

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	CORAL GABLES, FL 33134 City/State/Zip	(305) 444-4994 Phone #	
			OFFICE USE ONLY
C	ORPORATION NAME(S) & 1	DOCUMENT NUMBER	(S) (if known):
1.	K L M O HO (Corporation Name)	me Care, I	_nc. P04000102450
2.	(Corporation Name) (Document #)		
3. (Corporation Name) (Document #)		Document #1	
4.	(Corporation Nama)	(Document #)
	☐ Walk in	time	Certified Copy
	Mail out Will wait	Photocopy	Certificate of Status
Г	NEW FILINGS	AMENDMENTS	
-	Profit	AMENDMENTS Amendment	THE STATE OF THE S
-	NonProfit	Resignation of R.A., O	flicer/ Director
	Limited Liability	Change of Registered	
Dornestication Dissolution/Withdrawal			
	Other	Merger	
ſ	OTHER FILINGS	REGISTRATION/	
	Annual Report	QUALIFICATION	
	Fictitious Name	Foreign	_
	Name Reservation	Limited Partnership	
_		Reinstatement	

Trademark

Examiner's Initials

Other

CD2E011/0/025

1.

2.

3.

4.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, LILIA URIA	, hereby resign as DIRECTOR
-,	(Title)
of KLM@HOME CARE, INC.	,
(Name	e of Corporation)
P04000102450 (Document Number, if known)	, a corporation organized under the laws of the Steep of
FLORIDA	PELARY AMASSE
	AM 9: 55 OF STATE E. 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