

PD4000133826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

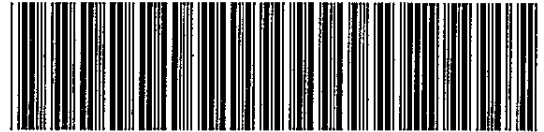
(Business Entity Name)

(Document Number)

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06 MAR 14 PM 3:00
TALLAHASSEE, FLORIDA

DD/Res
1a 3.21.06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Home Care 4U Inc
(Name of Corporation)

DOCUMENT NUMBER: P04000133826

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

Please return all correspondence concerning this matter to the following:

ROSA M. GARCIA
(Name of Person)

HOME CARE 4U, INC.
(Name of Firm/Company)

14505 COMMERCE WAY, SUITE 4512
(Address)

MIAMI LAKES, FLORIDA 33016
(City/State and Zip Code)

For further information concerning this matter, please call:

ROSA M. GARCIA at (386) 412-2221
(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, Juan F Carrascol, hereby resign as Secretary/Treasurer
(Title)

of Home Care 44, Inc
(Name of Corporation)

90400133826, a corporation organized under the laws of the State of
(Document Number, if known)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA