

P05000011594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

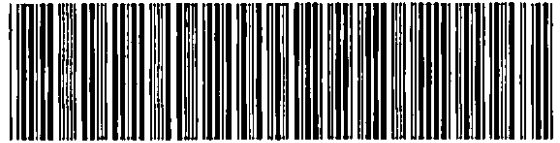
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300367924113

05 JUL 2011 09:10:13 *455.01

05 JUL 2011 09:10:13
P11 2:48

JUL 11 2011

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Right Spirit Homecare, Inc

(Name of Corporation)

DOCUMENT NUMBER: P05000011594

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

Please return all correspondence concerning this matter to the following:

Naomi Gayle

(Name of Person)

Right Spirit Homecare Inc

(Name of Firm/Company)

3368 Merchant Terrace

(Address)

Deltona , Florida. 32738

(City/State and Zip Code)

For further information concerning this matter, please call:

Naomi Gayle

(Name of Person)

at (407 431-7418)

(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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

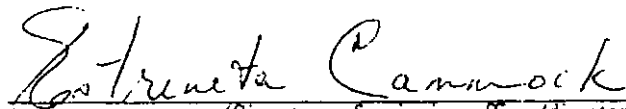
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Estreneta Cammock, hereby resign as Vice President
(Title)

of Right Spirit Homecare, Inc.
(Name of Corporation)

P05000011594, 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

FILE
PM 2:16