## P05000013299

(Requestor's Name)							
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PICK-UP WAIT MAIL							
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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SECRETARY OF STATE
ALL AHASSEE, FLORIN,

Des 5.13.05

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: RIGHT C.	Name of Corporation)
DOCUMENT NUMBER: $\_$	050000013299
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
Mr. RANGEIC (Name of Person	
Right Choice Hom (Name of Firm/Con	• • •
13420 N. W. 15+ C. (Address)	aud
M, Ami, Florida (City/State and Zip	33/68 Code)
For further information concerning t	his matter, please call:
RANGELL WALDEN (Name of Person)	at ( <u>786</u> ) <u>306 - 8554</u> (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 409 E. Gaines Street Tallahassee, FL 32399
OS MAR 19 PH	
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## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	ALVINIE	Kr.	BAtes	, hereb	y resign as_	Vice	Pe.	<i>ES 10 C</i> le)	NT	<del>.</del>
of	RIGHT	CH	Name of Corpo	oration)	CDERS /	ve.			;	· · · · ·
P	0500013 (Document Numb	3 <i>299</i> er, if known	, a con	rporation o	rganized und	ler the laws	of the S	State of	•	
	FloRIDA				.** • 					ا م نب
			Quence (Signature	M. B.	officer/directo	or)		SLURETARY OF STATE TALLAHASSEE, FLORID	05 MAR 18 AM 11:00	

## 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