

P05000066968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

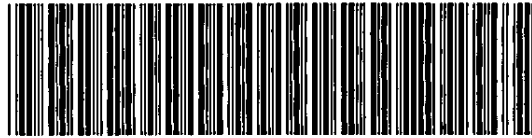
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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*off design*

C. Coulliette JUL 24 2007

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Caring Hearts Enterprises Partnership, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: PO5000066968

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

Please return all correspondence concerning this matter to the following:

Tara Payne  
(Name of Person)

Caring Hearts Enterprises  
(Name of Firm/Company)

2435 US Hwy 19 Suite #160  
(Address)

Holiday, Florida 34691  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tara Payne at ( 727 ) 945-7540  
(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, Krista Meyer, hereby resign as officer  
(Title)

of Caring Hearts Enterprises Partnership Inc  
(Name of Corporation)

P05000066968, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Krista Meyer  
(Signature of resigning officer/director)

APPROVE  
AND  
FILED  
07 JUL 19 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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