

PD5000105199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

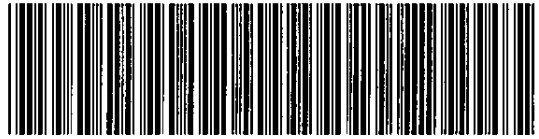
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TALLAHASSEE, FLORIDA

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8/19/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: West Miami Adult Living Facility, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000105199

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

Please return all correspondence concerning this matter to the following:

Peter J. Prendes, EA

(Name of Person)

Prendes and Prendes, Inc.

(Name of Firm/Company)

4320 West Broward Boulevard, Suite 5

(Address)

Plantation, FL 33317-3756

(City/State and Zip Code)

For further information concerning this matter, please call:

Peter J. Prendes, EA

(Name of Person)

at (954) 583-2590

(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, Leonarda Morales, hereby resign as Vice President
(Title)

of West Miami Adult Living Facility, Inc.
(Name of Corporation)

P05000105199, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

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09 AUG 14 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Leonarda Morales
(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