## P05000110326

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400188749704

10 DEC 17 ANII: 34

12/17/10--01003--005 \*\*35.00

Of Respo

**C.COULLIETTE** 

DEC 2 0 2010

**EXAMINER** 

## **COVER LETTER**

SUBJECT: DAISY AND FRIENDS CHILDCARE CENTER, INC (Name of Corporation) P05000110326 DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YUDERCA BARBERA (Name of Person) **ACCOUNTING PLUS MORE** (Name of Firm/Company) 4100 CORPORATE SQ STE 150 (Address) NAPLES, FL 34104 (City/State and Zip Code) For further information concerning this matter, please call: YUDERCA BARBERA (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:** Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations

Post Office Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DAISY E MELENDEZ	, hereby resign as PRESIDENT
*,	(Title)
of_DAISY AND FRIENDS CHIL	1
(Na	me of Corporation)
P05000110326 (Document Number, if known)	, a corporation organized under the laws of the State of
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