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COVER LETTER

Division of Corporations					
SUBJECT: GOLDEN Home Health Cane, INC (Name of Corporation) DOCUMENT NUMBER: POSO00 142993					
DUCUMENT NUMBER: 703 000 79 273 3					
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Tema Leon (Name of Person)					
(Name of Firm/Company)					
3845 SW 154 cd (Address)					
MIAMI, R. 33185 (City/State and Zip Code) For further information concerning this matter, please call:					
Tama lean at (Coal) 388-8166 (Name of Person) (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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

Golden Home Health Care, Inc. 14331 SW 120th ST. Ste 211 Miami, Florida, 33186 At Ibraimo Zainadine

Dear Ms. Ibraimo Zainadine,

By this letter I would like to inform to you that I am resigning at my position as a Director of the company, because of personnel reasons. This will be effective on September 1st, 2008.

It was a wonderful opportunity to work with you, and I would like to let you know that you are free to contact me for any matter you need.

Sincerely yours

Irma Leon

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I,	IRMA	Leon		, hereby resign as	Director
					(Title)
of	GOLT	EN HOH	e Hea	H CAne,	INC.
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<u> </u>	GORIDA		<u></u> .		
		<i>D</i> .		a i	
	_	Prim	1:人 パ (Signature o	f resigning officer/director	or)

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