

P06000004002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies ☒

Certificates of Status ☐

Special Instructions to Filing Officer:

35.00

Office Use Only



100259245301

04/30/14--01007--009 **227.50

FILED

14 APR 30 PM 5:00

O/D Resign.

5/13/14

Jc

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Twentyfour Seven Home Health Care, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000004002

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

Please return all correspondence concerning this matter to the following:

Manzoor A. Khan

(Name of Person)

Twentyfour Seven Home Health Care, Inc.

(Name of Firm/Company)

4770 Hairland Dr.

(Address)

West Palm Beach, FL 33415

(City/State and Zip Code)

For further information concerning this matter, please call:

Manzoor A. Khan

(Name of Person)

at (561) 201-6448

(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Manzoor A. Khan, hereby resign as President
(Title)

of Twentyfour Seven Home Health Care Inc.
(Name of Corporation)

P06000004002, a corporation organized under the laws of the State of
(Document Number, if known)

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

FILED
14 APR 30 PM 5:00