

PO6000 004 002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

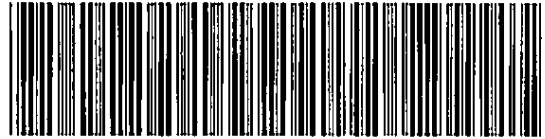
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300336772683

11/05/13--01005--004 --35.00

FILED
19 NOV -8 AM 9:45
ST. LOUIS, MO
FALLINGWATER, MO

DEC - 7 2013
T SCHROEDER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Twenty Four 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:

(Name of Person)
Twenty Four Seven Home Health Care, INC.
(Name of Firm/Company)
6801 LAKEWORTH ROAD
(Address)
GREENACRES, FL. 33467
(City/State and Zip Code)

For further information concerning this matter, please call:

MAHMOOD AMIR at (561) 766 2271
(Name of Person) (Area Code & Daytime Telephone Number)
Registered Agent/Officer

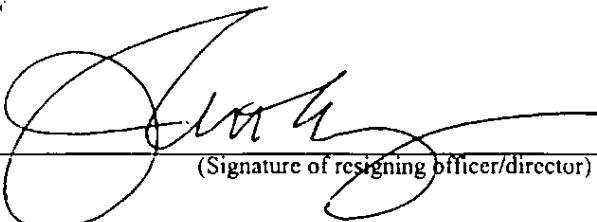
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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, Janet Ruiz, hereby resign as Administrator
(Title)
of Twentyfour Seven Home Health CARE, INC
(Name of Corporation)
PO6000004002, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

9/28/2019

FILING FEE IS \$35.00

FILED
19 NOV -8 AM 9:46
STATE
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314