

PO6000099723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

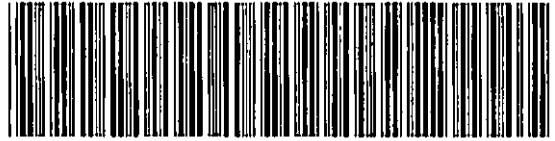
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUN 11 2018
S. YOUNG

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOUSE CALL HOME HEALTH AGENCY,
(Name of Corporation)

DOCUMENT NUMBER: P06000099723

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

Please return all correspondence concerning this matter to the following:

LEONARDO LEON GALLARDO
(Name of Person)

HOUSE CALL HEALTH AGENC
(Name of Firm/Company)

50 NW 15th STREET 110
(Address)

HOMESTEAD, FL 33030
(City/State and Zip Code)

For further information concerning this matter, please call:

LEONARDO LEON GAL at (305) 444 4141 88
(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
P.O. Box 6327
Tallahassee, FL 32314

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

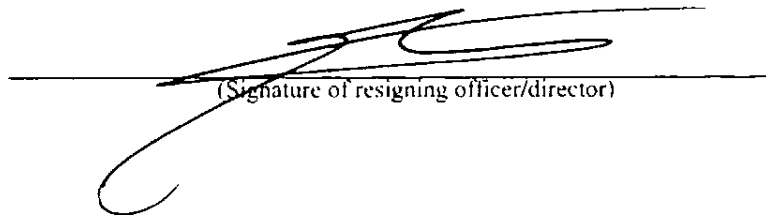
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, BRIAN NEBLETT, hereby resign as PRES./SEC./TRE.
(Title)

of HOUSE CALL HOME HEALTH AGENCY, CORP.
(Name of Corporation)

P06000099723, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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