

PO600011768



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05/24/07--01064--014 \*\*

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Handwritten signatures and initials, including "RJ" and "SL".

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Splendid Care Home Health, inc  
(Name of Corporation)

**DOCUMENT NUMBER:** PO6000117681

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

Please return all correspondence concerning this matter to the following:

Ralph Leiva  
(Name of Person)

Splendid Care Home Health  
(Name of Firm/Company)

5299 sw 90th ct  
(Address)

miami, FL 33165  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Leiva at ( 786 ) 546-5621  
(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:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Ralph Leyva, hereby resign as President  
(Title)

of Splendid Care Home Health, inc  
(Name of Corporation)

P0600017681, 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**

**FILED**  
07 MAY 24 PM 12:17  
SECRETARY OF 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