

PO60000120368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

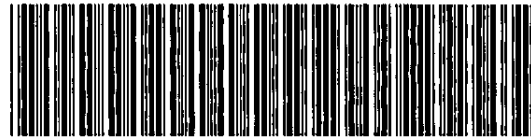
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL ONE FAMILY SENIOR DAY PROGRAM INC
(Name of Corporation)

DOCUMENT NUMBER: P06000120368

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

Please return all correspondence concerning this matter to the following:

KAREN WILKES

(Name of Person)

ALL ONE FAMILY SENIOR DAY PROGRAM INC

(Name of Firm/Company)

585 N. COURTENAY PKWY SUITE #101

(Address)

MERRITT ISLAND, FLORIDA 32953

(City/State and Zip Code)

For further information concerning this matter, please call:

KAREN WILKES

(Name of Person)

at (**321**) **203-0245**

(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, KAREN WILKES, hereby resign as VP
(Title)

of ALL ONE FAMILY SENIOR DAY PROGRAM INC,
(Name of Corporation)

P06000120368, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Karen C. Wilkes
(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 14, 2008