

PD7000002219

(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



900279694939

12/28/15--01010--006 **35.00

FILED
2015 DEC 28 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OD/RES

DEC 31 2015

I ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Norwood Assisted Living, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PD7000002219

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

Please return all correspondence concerning this matter to the following:

Dawn M. Wilborn
(Name of Person)

Norwood Assisted Living, Inc
(Name of Firm/Company)

325 Norwood St.
(Address)

Merritt Island FL 32953
(City/State and Zip Code)

For further information concerning this matter, please call:

Dawn Wilborn at (321) 474-2286
(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, Dawn M. Wilborn, hereby resign as President
(Title)

of Norwood Assisted Living, Inc.
(Name of Corporation)

P070000002219, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Dawn M. Wilborn
(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
2015 DEC 28 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA