

407000024262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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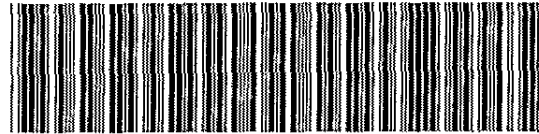
(Business Entity Name)

(Document Number)

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407000024262

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: S & G HOME HEALTH CARE INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000024262

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

Please return all correspondence concerning this matter to the following:

Xiomara Sánchez
(Name of Person)

S & G Home Health Care, Inc.
(Name of Firm/Company)

600 N.W. 32 PL
(Address)

Miami, FL 33125 apt 314
(City/State and Zip Code)

For further information concerning this matter, please call:

Xiomara Sánchez at (786) 232-1112
(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, Xiomara Sanchez, hereby resign as Secretary-treasurer
(Title)
of SPG Home Health Care, Inc,
(Name of Corporation)
P07000024262 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

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

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

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