

P07000030047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

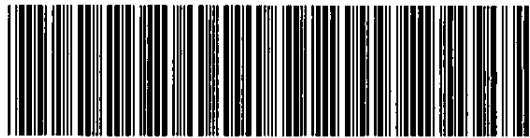
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Resign
C.COULLIETTE

OCT 10 2008

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Star Light Health Care Agency, Inc
(Name of Corporation)

DOCUMENT NUMBER: PD7000030047

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

Please return all correspondence concerning this matter to the following:

Jesus Diaz
(Name of Person)

Star Light Health Care Agency Inc
(Name of Firm/Company)

11398 West Flagler St Ste 205
(Address)

Miami, FL 33174
(City/State and Zip Code)

For further information concerning this matter, please call:

Ana I. Enriquez at (305) 222-2240
(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

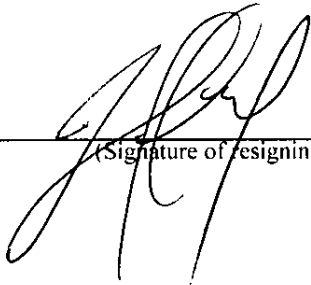
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jesus Diaz, hereby resign as Vice President
(Title)

of Star Light Health Care Agency Inc
(Name of Corporation)

P07000030047, 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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