P07000042812

(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



800119501208

03/06/08--01043--017 **35.00

M/ Ri lesip

SECKETARY OF STATION TALLAHASSEE, FLOR

MAR -6 PM 2: 1

COVER LETTER

SUBJECT: Assisted Living of Palm Black Gardens Inc. (Name of Corporation)
DOCUMENT NUMBER: PO 700 00 42812
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Tina Sanders (Name of Person)
Assisted Living of Palm Beach Bardens Inc. (Name of Firm/Company)
9239 W. Highland Pines Dr.
Palm Black Gardens, FL 33418 (City/State and Zip Code)
For further information concerning this matter, please call:
Tina Sanders at (561) 255-9043 (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
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. MAURICE Smi	M, hereby resign as Vice - President
	ng of Palm Beach Gardens Inc.
P 070000 42 812 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	

Maurie A. Multi(Signature of prigning officer/director)

8 MAR -6 PM 2:17

LURE JARY OF STATE

LURE JARSSEE, FLORIDA

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