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(Re	questor's Name)	
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T RUBERTS

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

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tope Home Care SUBJECT: † DOCUMENT NUMBER: 177000 58250

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Name of Person) ± <u>SUAYCZ</u>, <u>P</u>. me of Firm/Company) (Address)

+L <u>330</u> (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (305) 557-4304 (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 409 E. Gaines Street Tallahassee, FL 32399

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OFFICER / DIRECTOR RESIGNATI FOR A CORPORATION	ON 13 FEB -6 PH 3 04
I, <u>ANN SIMON</u> , hereby resign as <u>Pre</u>	
of HOPE HOME Care Services, IN (Name of Corporation)	<u>^</u> ,
P040058250, a corporation organized under the component Number, if known)	the laws of the State of
Florida.	
A	

FILING FEE IS \$35.00

(signature of resigning officer/director)

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

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