

P07.000085897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

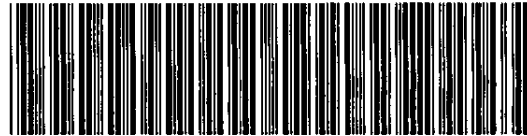
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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: A Company Care Skilled Nursing Services, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P.O. 7000085897

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

Please return all correspondence concerning this matter to the following:

Claudia Wechter  
(Name of Person)

A Company Care Skilled Nursing Services, Inc.  
(Name of Firm/Company)

6055 West Commercial Blvd.  
(Address)

Tamarac, FL 33319  
(City/State and Zip Code)

For further information concerning this matter, please call:

Claudia Wechter at (954) 658-8105  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

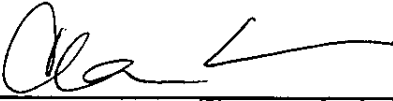
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Claudia Wechter, hereby resign as president  
(Title)

of A Company Care Skilled Nursing Services  
(Name of Corporation) Inc.

PO7000085897, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, 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