100009/6/3

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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		:

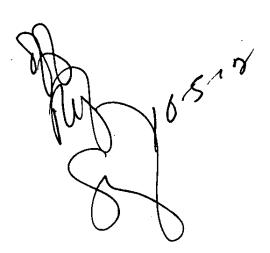




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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Exfect feshisation Care Asency Corp. (Name of Corporation)
DOCUMENT NUMBER: <u>67000091643</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROGER A- GEORGES (Name of Person)
(Name of Firm/Company)
3350 S.W. 173 Fer (Address)
MIRAMAR FC 33029 (City/State and Zip Code)
For further information concerning this matter, please call:
ROGER GEOFGES at (305) 609.9957 (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, ROGER GEORGES, hereby resign as	President
·	(Title)
of Expert Respirator Care A Seny (Name of Corporation)	Corp.
	V
(Document Number, if known), a corporation organized under the	laws of the State of
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