

P07000097825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

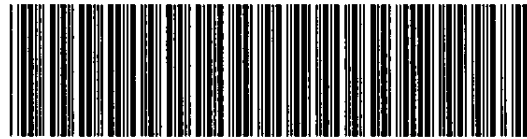
(Business Entity Name)

(Document Number)

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Resign

2-6-13

DL

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A TOUCH OF HEARTS HOME CARE SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000097825

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

Please return all correspondence concerning this matter to the following:

GLENRICK G. HIGGINS
(Name of Person)

(Name of Firm/Company)

7400 NW 7TH Street
(Address)

PLANTATION, FL 33317
(City/State and Zip Code)

For further information concerning this matter, please call:

GLENRICK G. HIGGINS at (954) 296-3064
(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, GLENRICK G. HIGGINS, hereby resign as VP
(Title)

of A TOUCH OF HEARTS HOME CARE SERVICES, INC
(Name of Corporation)

P07000097825, 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

13 FEB -4 PM 12:56
FEB 13 2004
FEB 13 2004

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

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