## PONDONOIDIO

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Ĉit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Dc	ocument Number)		
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Certified Copies	_ Certificates	s of Status	
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SECKETARY OF STATIONS
DIVISION OF CORPORATIONS
11 MAR - 7 PM 12: 01

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: World Hone Pare Jeruices Con (Name of Corporation)
DOCUMENT NUMBER: PO7000101010
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JORGE B NULLE3 (Name of Person)
(Name of Person)
(Name of Firm/Company)
14342 SW C4 <sup>th</sup> 5+ (Address)
(Address)
M/4M/F/.33/84 (City/State and Zip Code)
For further information concerning this matter, please call:
Ocla/45 Kluvez at 786 J81-9935 (Name of Person) (Area Code & Daytime Telephone Number)
(Nam€ of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State

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, of	DUXHAIKI MESA, hereby resign as VICE PRE  (Title)  WORLD Home Care SERVICES  (Name of Corporation)	SIDENT CORP.
PO	270000101000, a corporation organized under the laws of the Sta	uta of
-	(Document Number, if known)	ite of
	Florida  (Signature of resigning officer/director)	DIVISION OF TARRE
	FILING FEE IS \$35.00	NISION OF CORPORATIONS NISION OF CORPORATIONS 11 MAR - 7 PM 12: 01

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

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