

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN HIGIAS HOME HEALTH CARE CORP

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HIGIAS HOME HEALTH CARE CORP.
(Name of Corporation)

DOCUMENT NUMBER: P07000112465

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

Please return all correspondence concerning this matter to the following:

Javier Talamo

(Name of Person)

Kravitz Talamo and Leyton, LLP

(Name of Firm/Company)

7600 W. 20 Ave. #213

(Address)

Hialeah, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

Javier Talamo, Esq. at 305 558-5300

(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
2661 Executive Center Circle
Tallahassee, FL 32301


CR2ED44 (05/13)

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, RUTH BENOIT, hereby resign as PRES/DIRECTOR
(Title)

of HIGIAS HOME HEALTH CARE CORP, a Florida corporation
(Name of Corporation)

P07000112465, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)
10/21/14

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

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RESIGNATION

To whom it may concern:

I hereby tender my resignation as President and Director of **HIGIAS HOME HEALTH CARE CORP.**, a Florida corporation, as well as any other office or position with said company, effective immediately.

Dated: October 31, 2014.



Ruth Benoit

8/1495000717