

PO7000114127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

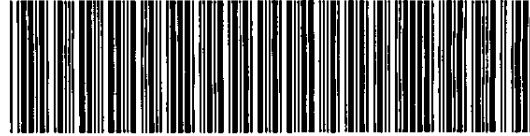
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAY 12 PM 3:48

C.L.  
5-18-15

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Sunflower HomeCare Inc  
(Name of Corporation)

DOCUMENT NUMBER: P07 000 1141 27

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

Please return all correspondence concerning this matter to the following:

Angel Valdes  
(Name of Person)

Sunflower HomeCare Inc  
(Name of Firm/Company)

8752 NW 116 Ter  
(Address)

Hiawah Gado FL 33018  
(City/State and Zip Code)

For further information concerning this matter, please call:

Parlene Valdes at ( 786 ) 897-0734  
(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

OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 MAY 12 PM 3:48

I, Angel Valdes, hereby resign as President  
(Title)

of Sun Haven Home Care Inc  
(Name of Corporation)

P07000114127, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Waldes  
(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