

P08000007224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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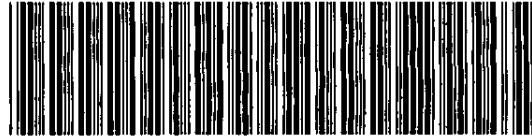
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: METRO DADE HOME HEALTH INC.
(Name of Corporation)

DOCUMENT NUMBER: P.08000007224

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

Please return all correspondence concerning this matter to the following:

LUIS LIMIA

(Name of Person)

METRO DADE HOME HEALTH INC.

(Name of Firm/Company)

8200 NW 27 ST STE 105

(Address)

MIAMI FLA 33122

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS LIMIA

(Name of Person)

at (786) 718-2751

(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**

I, Luis Lima, hereby resign as VP
(Title)

of METRO DADE HOME HEALTH, INC.
(Name of Corporation)

P08000007224, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Luis Lima
(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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