

P08000007224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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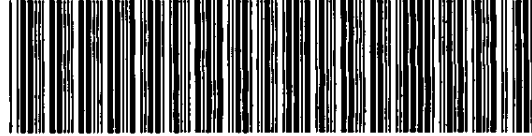
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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4/15/16*

**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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2018 APR 12 PM 2:19  
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