

P08000007733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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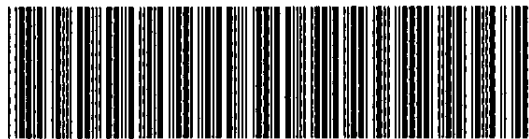
(Business Entity Name)

(Document Number)

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12 FEB 14 PM 12:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 15 2012
T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LETABEL MEDICAL CENTER, INC
(Name of Corporation)

DOCUMENT NUMBER: P08000007733

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

Please return all correspondence concerning this matter to the following:

LETYCIA D CARIDAD PLACER

(Name of Person)

LETABEL MEDICAL CENTER, INC

(Name of Firm/Company)

719 EAST 9 STREET

(Address)

HIALEAH FL 33010

(City/State and Zip Code)

For further information concerning this matter, please call:

LETYCIA D CARIDAD PLACER

(Name of Person)

at (305) 384-8470

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

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**

FILED
12 FEB 14 PM 12:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, LETYCIA D CARIDAD PLACER, hereby resign as PRESIDENT
(Title)

of LETABEL MEDICAL CENTER, INC
(Name of Corporation)

P08000007733, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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