P08000011813

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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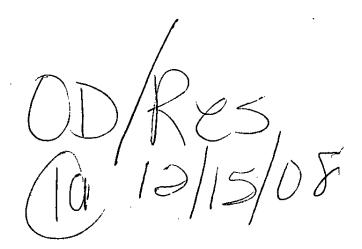


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. منابع المستحد من 12/11/08--01006--010 بعد 35.00

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SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

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TO:	Amendment Section Division of Corporations
SUE	SJECT:_TWO CARING HEARTS, INC
	(Name of Corporation)
DO	CUMENT NUMBER: P08000011813
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Plea	se return all correspondence concerning this matter to the following:
JA	CQUELINE MILLAN
	(Name of Person)
TV	O CARING HEARTS, INC
	(Name of Firm/Company)
118	865 SW 26 STREET G5
	(Address)
MI	AMI, FL. 33175
	(City/State and Zip Code)
For	further information concerning this matter, please call:
JAC	CQUELINE MILLAN at (305) 788 3820 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divi Clift 2661	et Address: Endment Section Sion of Corporations On Building Executive Center Circle Shassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JACQUELINE MILLAN	, hereby resign asPRESIDENT
	(Title)
ofTWO CARING HEARTS, INC	e of Corporation)
P08000011813 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	Signature of resigning officer/director) Signature of resigning officer/director) OB DEC 11 PM R.
	PH C:

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