

P08000015763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

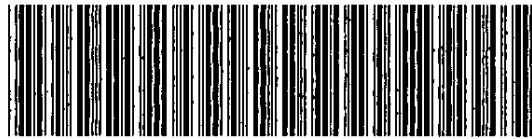
(Business Entity Name)

(Document Number)

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08 JUN 30 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*G. Coullatta*

G. Coullatta JUL 02 2008

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRUSTED HOME CARE INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO8000015763

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

Please return all correspondence concerning this matter to the following:

Chrystal Pruitt  
(Name of Person)

TRUSTED HOME CARE INC  
(Name of Firm/Company)

3800 South TAMiami Trail #314  
(Address)

SARASOTA, FLORIDA 34239  
(City/State and Zip Code)

For further information concerning this matter, please call:

Chrystal PRUITT at (941) 951-2242  
(Name of Person) (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

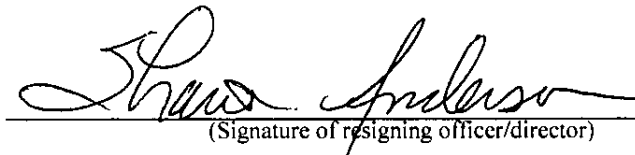
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, SHARON ANDERSON, hereby resign as VICE PRESIDENT  
(Title)

of TRUSTED HOME CARE INC.  
(Name of Corporation)

PD8000015763, 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

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