P0800017534

(Re	equestor's Name)	·
(Address)		
(Address)		
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



500271292665

04/13/15--01039--016 **35.00

TALLAHASSEETTESTAS

DC 4/15

TRANSMITTAL LETTER

SUBJECT: Advanced Homecare, Inc (Name of Corporation) DOCUMENT NUMBER: P08000017534 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jim Dixon (Name of Person) Dixon Consulting (Name of Firm/Company) 3450 EAST LAKE RD. , #307 (Address) PALM HARBOR, FL 34685 (City/State and Zip Code) For further information concerning this matter, please call: Mr. J. Dixon (Name of Person)

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

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



15 APR 13 PM 3: 37

, hereby resign as CFO
(Title)
nc
oration)
rporation organized under the laws of the State of
e 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