

P08 0000 20164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

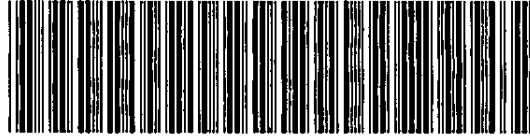
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **MAYARI ALL CARE, CORP.**

(Name of Corporation)

DOCUMENT NUMBER: **P08000020164**

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

Please return all correspondence concerning this matter to the following:

ROBERTO DIAZ HERRERA

(Name of Person)

(Name of Firm/Company)

17973 SW 135 AVE

(Address)

MIAMI, FL 33177

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERTO DIAZ HERRERA at **305 776-1340**

(Name of Person)

(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, ROBERTO DIAZ HERRERA, hereby resign as VICE PRESIDENT
(Title)

of MAYARI ALL CARE, CORP.
(Name of Corporation)

P08000020164, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

2016 DEC 10 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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