

PD8000052876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 21 PM 3:10

OD/Res
@ 12/27/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRIDE CARE CENTER INC.
(Name of Corporation)

DOCUMENT NUMBER: P08000052876

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

Please return all correspondence concerning this matter to the following:

Merly Velazquez
(Name of Person)

(Name of Firm/Company)

Po Box 500543
(Address)

Marathon, FL 33050
(City/State and Zip Code)

For further information concerning this matter, please call:

Merly Velazquez at (786) 220-4910
(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**

FILING CANCELLED
RETURNED CHECK

I, Merly Velazquez, hereby resign as Secretary
(Title)

of Pride Care Center Inc.
(Name of Corporation)

P08000052876, a corporation organized under the laws of the State of
(Document Number, if known)


(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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