

P08000089369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

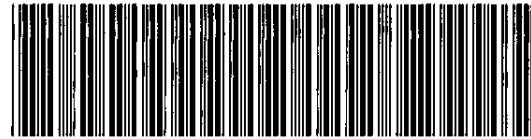
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Res.

TBrown 10-26-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Four Seasons Elder Care ALF, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P08000089369

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

Please return all correspondence concerning this matter to the following:

Aida Soler
(Name of Person)

Four Seasons Elder Care ALF, Inc.
(Name of Firm/Company)

6625 Miami Lakeway South
(Address)

Miami Lakes, FL 33014
(City/State and Zip Code)

For further information concerning this matter, please call:

Aida Soler at (305) 905-8645
(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**

FILED
2011 OCT 25 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, NANCY RAMMOS, hereby resign as VP, S
(Title)

of FOUR SEASONS ELDER CARE ALF, INC.
(Name of Corporation)

P080000089369, 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