

PO 8000104216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CM.
8-12-14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: M & N PROFESSIONAL SERVICE HOME HEALTH CARE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P08000104216

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

Please return all correspondence concerning this matter to the following:

YURAIMÉ FERNANDEZ

(Name of Person)

WIZARD TAX INC

(Name of Firm/Company)

10726 SW 148TH CT

(Address)

MIAMI, FL 33196

(City/State and Zip Code)

For further information concerning this matter, please call:

YURAIMÉ FERNANDEZ at (786) 545-6693
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE

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

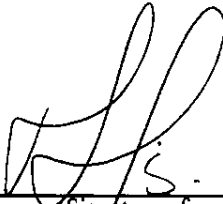
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARIA ORTIZ, hereby resign as VICE PRESIDENT
(Title)

of M & N PROFESSIONAL SERVICE HOME HEALTH CARE, INC.,
(Name of Corporation)

P08000104216, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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