

P09000011320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

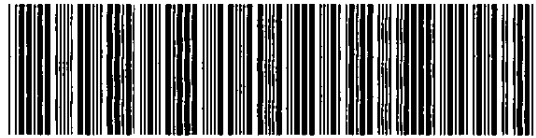
(Business Entity Name)

(Document Number)

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Dr / Lin L...

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 16 AM 11:11

T. Roberts FEB 18 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDLAND CARE INC

(Name of Corporation)

DOCUMENT NUMBER: P09000011320

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 C LIANES

(Name of Person)

MEDLAND CARE INC

(Name of Firm/Company)

12856 SW 134 TERR

(Address)

MIAMI,FL,33186

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERTO C LIANES

(Name of Person)

at (786) 385-4088

(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 16 AM 11:11

I, ROBERTO C Llanes, hereby resign as President
(Title)

of MEDLAND CARE INC,
(Name of Corporation)

P09000011320, 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