P09000018167

(Req	questor's Name)	
(Add	Iress)	
(Add	lress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





800170422298

02/25/10--01019--020 **35.00





D. COMMENT. MAR 0 3 2010

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Secure Adult Family Environment, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P09000018167
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mary E. Martin
(Name of Person)
(Name of Firm/Company)
495 South Bayshore Dr.
(Address)
Madeira Beach, FL 33708
(City/State and Zip Code)
For further information concerning this matter, please call:
Mary E. Martin at (727) 642-6240
Mary E. Martin at (727) 642-6240 (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

_{I.} Mary E. Martin	, hereby resign as Director	
	(Title)	
of Secure Adult Family Envi	onment, The.	
	Name of Corporation)	'
P09000018167 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida		
	·	
	May Martin (Signature of resigning officer/director) [E8 25]	STORY OF THE STORY
	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